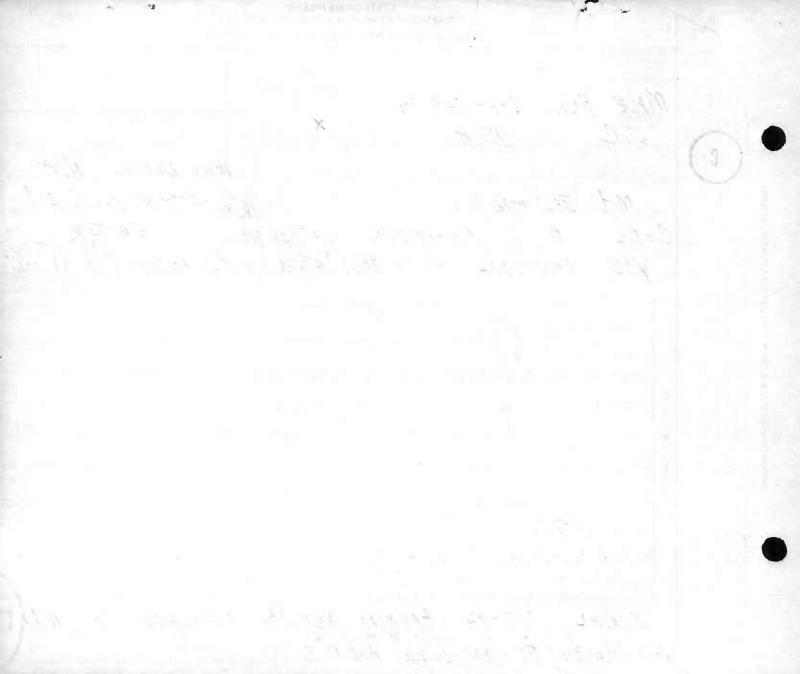


LT.	FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL H	IYGIENE 4	2 4 / 3
2	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE C	F DEATH REG. N	10.
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
1 "	Larry	7	Alexander	OF ESTI-	
1.5	The second second		E (IN YEARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
1	MALE BIK.	9-2-1949 34	YRS. MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1 28 19 84 4:521
11.	BIRTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED M NEVER MARR	9 BALTIMORE CITY	OR COUNTY OF DEATH
1	D,C,	115.A	WIDOWED DIVORC		orge's County, MD
10	CITY OR TOWN OF DEATH	II NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TV	
4	Cheverly	Prince Georg	e's General Hospit	al HOME DEC	OR, NIA
		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	212/8
7	Md. BAIT	MORE CO. Ball	YES NO	432 - 23RDS	Ti Bolti. Md.
p II	ATHER'S NAME	MIDDLE / LAST	15 MOTHER'S MAID	EN NAME MIDDLE	TAST
16	Epil A.	ALEXAND	DER CATHERIN	UE	EASTER
160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	S 4608 LOTISFORE
1	VES 1970	-1972 262-50	4-3050 CATHERIA	E MLEXANDE	R- VISTA Rd. Md.
	CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and ((c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED	E CAUSE (0) Traumatic	injuies		
17	8/30	DUE TO, OR AS A CONSEQU			
	Conditions, if ony, which gave rise to immediate	(b)			
	couse (o) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
		(c)			
١,	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a)	
1 0					
2	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED?		20 AUTOPSY?
CERTIFICATION	219 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21. HOW BUILDY OCCUPA	D (ENTER NATURE OF INJURY IN ITEM II	YES X NO
1	UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR		
MEDICAL	CONTRIBUTING CAUSE OF D	PEATH 4:12 P.M. 1 28		to/fixed object	1 mpact
1 M	WHILE NOT WHILE X	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	street	George Palmer	HWY.	P.G.Co, Md.
4	27s. I certify that I took charge	of the remains described above, hel	ld on Autopsy X, Inspection	n . Inquiry . o	nd in my opinion
	death resulted formy briature	of country Agrident KA	Suicide , Homicide ,	Undetermined monner	
	ACTUAL / VI	Of I May to	TITLE (SPECIFY)	c	DATE 1/20/0/
1	SIGNATURE	man July (1 Deputy Ch.	iefmedical examiner	DATE 1/29/84
2	EXAMINER'S NAME Thoma	as D. Smith, M.D.	111	Penn ST.	Balto, Md.
22	(TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 23		ADDRESS	23d LOCATION	
230	(SPECIFY)	1-2-011 HAA	OF CEMETERY OR CREMATORY PK	HIGHLAN L	COUNTY MSTATE
24	FUNERAL DIRECTOR	JAY MAR	MITH BURR - 250. DATE		GISTRAR'S SIGNATURE
	15. 1. July	ADDRESS 4445	MITHI BURK	D F 4084	elug.

20M 4/82



STATE OF MARYLAND

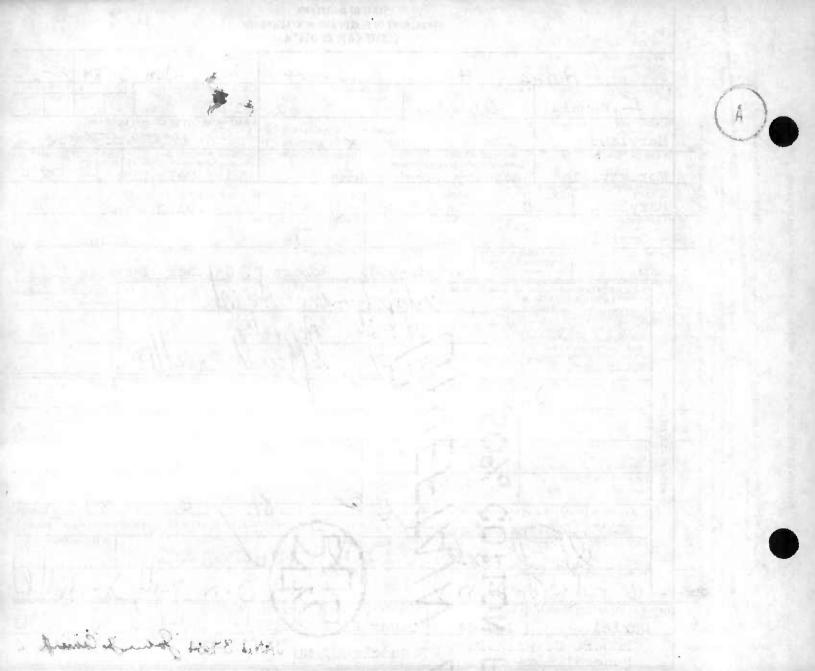
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

Funeral Home



	1.	FOR		STATE DEPARTMENT OF HE	OF MARYLAND	HYGIENE "	0 2 4	8 2
16	11-	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG.	NO.	
the state of the s		CEASED NAME FIRST		WIDDLE	LAST	OF ESTI.	MONTH DAY	YEAR 26. HOUR
数字 600 田	1	Alvin	Th	omas	Barrett, Si	DEATH MATED		19 84 M
ON STREET	3. SE	ale Caucasia		3, 1920 63s.	MONTHS DAYS HOURS	MIN PRONOUNCED	OA 1 18	YEAR 4:27R
S NEG FUNC 5 VITH W. PRESTG		rthplace (state or ashington D.C.	76 CITIZEN OF W		MARRIED NEVER MA	DD1ED	Georges	EATH MD.
Z E O E O		ty or town of death Cheverly		PITAL, NURSING HOME, C CLUTY, GIVE STREET ADDRESS! COTGE GENERA		120 USUAL OCCUPATION	TYPE OF WORK 12b KIN	ND OF BUSINESS
	USU/ 3a S	AL RESIDENCE (IF IN NURSING HOME TATE Maryland Pr	or other institution, GITY	13 CITY OR TOWN	e I3d. INSIDE CITY LIMITS		lace 20	781
ORE, MD.: DEATH. IF NGES 1, 2, 7, 3, MO 2 3; OF VIT LE	14. F.	ATHER'S NAME FIRST Unknown	MIDDLE	Barrett	15 MOTHER'S MA	IDEN NAME MIDDLE	Unknow	n n
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND: WITH FORM PM. 3. RETA T. PAGES 1 AND 2.5HOULD DIVISION OF VITM HECO	160.	MAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	578 05 2687		G. Barrett Sai	me as #13	(Wife)
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO FRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	Canditions, if any, which gave rise to immediate cause (a) stating the <u>under lying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	AS A CONSEQUENCE OF		PART I IO		
MITAL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?			NUTOPSY?
CERTIFICATE SHOULD CERTIFICATE SHOULD TING THE WORD "FE E SHOULD BE USED, I DEPRIFYED TO THE		710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY OCCUP	RRED LENTER NATURE OF INJURY IN ITEM		ES LI NO LA
_ ±≤≤≥≥2	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (ATHOME, TORY, FARM, ETC.)	71f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	1	220. I certify that I took char death resulted fram: Natural SIGNATURE EXAMINER'S NAME AUGUSTIFE OF PRINT	rral causes X,	scribed abave, held an Accident , Suich	wo Reparty	MEDICAL EXAMINER Rayburn Ct., 1		1 9/ 1984
Bb		URIAL, CREMATION, REMOVAL	1/23/84	234 NAME OF CEME Maryland	TERY OR CREMATORY Veterans Cen	n Cheltenham	P. GOUNTY	Maryland
DHMH - 17 (VR A15 ME (5))	24F	rancis Gasch's Hyattsville, Ma	Sons Fune	ral Home, P.	JAN	2-3 1984 256 R	EGISTRAR'S SIGNATI	URE

20M 4/82

ALC CONTROLS HERE LAND THE PERSON ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PER B sillEnderself met Apriles Lamb foliation of an early Memory and Institute of Califoliation of the Colorest and Califoliation of the Califoliation A Stanford Comment

15] -	FOR STATE REGISTRAR			I AND MENTAL HYGIEN CERTIFICATE OF DEA	rate a series and	, 5 5
CHANGE .	1. DE	CEASED NAME FIRST	RAMDAT BASI	T	LAST	20. DATE KNOWN X MONTH OF ESTI- DEATH MATED 1	DAY YEAR 75 HOUR 11 19 84 M
A HOUSE	Fe	male Hindu O	S. DATE OF BIRTH NONTH DAY YEAR LAST BE LAST BE TO THE TOTAL THE T	N YEARS IF UN ATHDAY) MONTH YRS.		PRONOUNCED DOA 1	11 19 84 74 M
NECESSO PARTIES OF THE PARTIES OF TH	FO	RTHPLACE (STATE OR REIGN COUNTRY) Guyana	7b. CITIZEN OF WHAT COUNTRY?	WIDOW	IED NEVER MARRIED DIVORCED DI	Prince Georges	MD.
102 H 20 1	1	Laurel	II NAME OF HOSPITAL, NURSING HO GENET EN LAURE BE BOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	itsvil		UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) USEWife	OR INDUSTRY Home
P. 21201 P. AND 3 P. RETAIN SHOUD RECORD	130 S	Md Prince	TY 13c. CITY OR TOW			17 Lindendale Dr	rive 20707
IMORE, MD. ER DEATH, IF PAGES 1, 2, CORN PM 3, SORM AND 2 SON OF THE		THER'S NAME FIRST Sathu VAS DECEASED EVER IN U.S. ARA	MIDDLE LAST AFD FORCES? 116b SOCIAL SECU	IRITY NO	15 MOTHER'S MAIDEN NAME FIRST Golabia	MIDDLE	LAST
BS AFTE DEA BS AFTE DEA BY GIVE PAGES WITH FORM P F PAGES AN DIVISION OF	{Y	(IF YES, GIVE Y		974		same as above	APPROXIMATE INTERVAL
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AL RECORDS, 201 VID BE EXECUTED I"PENDING" IN PR FER MEDICAL EXAM SHEATH AND MEI AL, CREMATION, (ATION		ONIRIBUTING TO DEATH BUT NOT RELATED TO THE uctive pulmonary d	isease			20 AUTOPSY?
ON OF VITA IFICATE SHO TO THE CHI OULD BE UB OR TO BURIL	MEDICAL CERTIFIC	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 216. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y PEATH P.M. 19 21c. PLACE OF INJURY (ATHOM STREET, FACTORY, FARM, ETC.)	EAR 21f LO	OW INJURY OCCURRED (ENTER	NATURE OF INJURY IN 11EM 18 PART 1 OR PAI	
MEDICAL EXAMINER: THIS SCUTE THE CERTIFICATE, WR SCUTE THE CERTIFICATE, WR STORWAR STORE A SHOULD BE FORWAR FUNEATOR PAGE FOR PAG	X	death resulted from: Natur ACTUAL SIGNATURE	e of the remains described above, held of al causes A, Accident , Accident , to P. Rodriguez, M.	Suicide M	sy , Inspection X, , Hamicide . Under LITLE (SPECIFY) Deputy MED	Inquiry and in my operermined manner, DICAL EXAMINER SIGNE The Ct., Temple H.	1/11/1984
DHMH - 17 (VR A15 ME (5))	(:	JRIAL, CREMATION, REMOVAL 2 PECKY) Cremation JNERAL DIRECTOR	Bb. DATE 23c. NAME OF	CEMETERY O	R CREMATORY 23d. LC CHY NOTIA PATE 25d. DATE E D	OCATION VORTOWN Catonsville	Tand STATE
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CONTRACT COMMENT WITH THE LOCAL PROPERTY SHAPE SHAPE

	1 -	FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLA HEALTH AND M FICATE OF D	MENTAL HYGIE	NE B REG. N	0	2 4	8 4
		CEASED NAME	FIRST	MIDDLE		LAST		0. DATE OF DEATH		AY YEAR	2b. HOUR
	(ITPE	OR PRINT)	JAMES	M.	BAU	ER			01 0	7 84	1:35a
- 7	3. SE			4 RACE		OF BIRTH		AGE (IN YEARS LAST BE	RTHDAY)	ONINS DAYS	IF UNDER 24 HRS. HOURS MIN.
//	Ma	le		Caucasian	Augu	st 14"	1897	86	YRS.		
17		RTHPLACE (STATE OF COUNTRY) Shington,		16. CITIZEN OF WHAT C	OUNTRY? 8 MARRII WIDOW	ED NEVER A	AARRIED L	PRINCE GEO			M
6	10. CI	TY OR TOWN OF DI CLINTON	EATH	SOUTHERN M			CENTER 1	20. USUAL OCCUPAT (TYPE OF WORK FOR MOST Express Se	ION of working life parato	r Rail	
15	130. 5	AL RESIDENCE (IF NU TATE .ryland	13b. COU		DENCE BEFORE ADMISSION YOR TOWN radbury Hg	13d. INSIDE C	ITY LIMITS?	3 STREET ADDRESS 4306 Byer	Stree		743
d	14. FA	THER'S NAME Frederick		Middle I	Bauer	15. MOTHER'S	S MAIDEN NAM	MIDDLE		Bo	wie
/		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		C 11110 CO C 1300	-07-9019			1244 ^99 r Harwood			
		Conditions, if on gove rise to in couse (a), stof underlying cau	immediate	(b)	EBLOVASC CONSEQUENCE OF	JCHA	ACC	TUBOI		7	DAYS
9	CERTIFICATION	PART 2 OTHER SIG	NTEST		ITING TO DEATH BUEN TO SERVICE OF THE SERVICE OPERATION	CON	GESTIVE	AL DISEASE OR CON INC. 200 AUTOPSY? YES NO	FAIC 20b. IF YES,	WERE FINDING CAUSES	NGS USED
9	MEDICAL CER	21g. ACCIDENT WAS U OR CONTRIBUTING [(IFEITHER NOTIFY ME 21d. INJURY OCCU	CAUSE OF DE	P.M.	ONTH DAY YEAR 19 JRY			D (ENTER NATURE OF IN)		(COUNTY	STATE
	W		WHILE O	(AT HOME, STREET, FACTO	ory, office, FARM, ETC)	TAN	. 19_82		7	CU	that (I) (me) las
	-	176 SIGNATURE		of) view the body ofter de		DEGREE A	ATTENDING PHYSICIAN 🔀	MEDICAL STA	\FF	and from the	
IMPORTANT			P WISC	TSKY, M.D.			OXON HIL	L ROAD, O	ON HII	L MD.	20745
		BURIAL, CREMATION Buria		1/10/84		CEMETERY OR C	netery	23d LOCATION CITY OR TOWN Suitland			ryland
32	24 FI	NERAL DIRECTOR	Kalas	Funeral Hom	6160 Oxor e Oxon Hil	Hill R	d. JAN	1 3 1964	7) b. REGISTI	2 CA	aff !

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m c		1. DEC	REGISTRAR DE ASED NAME FIRST OR PRINT)	WIDDLE	LAST	REG. NO		. HOUR
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tor,		3. SE)	meh	COLUCAL IANA	MONTH DAY 14890	1 / 201 9	MONTHS DAYS H	OURS MIN.
deoth. Page	18		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY O	R COUNTY OF DEATH	d
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s offer	90	1	AUROL MAd.	SIF NOT IN SUCH FACILITY, GIVE STR		TYPE OF WORK FOR MOST O	of WORKING LIFE) INDUSTRY	1.196
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ted w	12	6	Rederick	134	UNKNOV UNKNOV	VIN		
execu	V9 /	16a V	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRE	11 ST BUNDA	ceus
e pe	1/	-		d WAR T	DeAN JOIAN	reke Co	APPROXIMA BETWEEN ONS	TE INTERVAL
physical paper move	1		PART I. DEATH WAS CAUSI		4 /	(?) USAPNELL	montes Mor	-
h cert din orb	afic		2989	DUE TO, OR AS A CONSEC	DUFNCE OF			
deat aften ove c	Eap		Conditions, if any, which	(b)				
the remo	thert		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF			
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as thou	å		PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
equires that is signed by Then please	njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	<u>O DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
tow requires that s been signed by emit. Their please o prior to burnol, o	The story, or	ICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY?	DITION GIVEN IN PART 110	
The law requires that close. The has been signed by that permit Them places or control of the c	Stores de miur, or	ERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES []	
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Company JANG BERTHARD CONTRACTOR STREET, MINES AND W. W. C. WINDSHIE CO. BINDS TO THE PRINT AND JOHN S. County

	11	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	١٥.	
be ooth		CEASED NAME FIRST	"lara	Estelle	B	pall	20. DATE OF DEATH	MONTH DAY	PH. PUR M
nctor, page	3. SE	Female	4. RACE	ite	5. DATE O	DAY YEAR 9	6. AGE (IN YEARS LAST B	X YRS MONT	
1 133	70. B	COUNTRYL Mary lane	1	WHAT COUNTRY?	8. MARRIE WIDOWE	_	Prince Ge		
of the state of th	10.0	aure/ maryla	/ I IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET HKLOUSE	ADDRESS)	or other institution	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Counter U.	OF WORKING LIFE)	26. KIND OF BUSINESS OR NDUSTRY Engravitument Printing
Sa hour	130.	STATE 13b. COL	OR OTHER INSTITUTION	13c. CITY OR TOW BOWI-	N	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	rockino	a bit Plas
and with)4. F	ather's Name Benjamin	MIDDLE H.	Beall		is. MOTHER'S MAIDEN N	Ann		Jones
on ond co		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	220-44-5		Marjorie R.	1326 Allen Bowi	Mockin e, Maryl	
nt, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS			UNII	oc Ann	· T		BETWEEN ONSET AND DEATH 2 MINUIUS
d by the ottending lease remave carb ial, crematian, or r or ather traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b)_	DR AS A CONSEQUE CONCO DR AS A CONSEQUE	m	y An Nor	w nis		15 Yns
signe Then p to bur njury,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	THE BUT		MINAL DISEASE OR COI	HEAST	PAILMO
has been t permit. I permi	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOXX	IN CERTIFY IN	ERE FINDINGS USED G CAUSES OF DEATH? NO
trending physicions to the string of the build-transit per and Mental Hygiene and Mental Hygiene ded or them 18 shows	MEDICAL CER	OR CONTRIBUTING CAUSE OF D	ER) P	.m. month da ^p .m.	YEAR		JRRED (ENTER NATURE OF INJ	URY IN ITEM IB PART I	OR PART 2)
After this certile as the buriol- olth and Mento morked or Hem	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S'	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211, LOCATION STREET	CITY OR T	OWN	COUNTY STATE
Z = ~ ~ ~ ~ ×		220.1 certify that (I) (this has saw the deceased alive o above, (I) (we) (did) (did)	100 J 100 V	0 6 19	AV , 01	nd that in (my) (our) opinio	n death occurred on the		, that (1) (we) last
by the haspite by the haspite IERAL DIRECTO be detached for State Dept. of ANT: if them 21		22b. SIGNATURE MAM	la	Limm	1	7	MEDICAL STA	AFF ICIAN []	1-25-84
TO HOSPITAL TO FUNERAL should be det with the Stote		Dr. Neil A. M	leade, M.			6501 Landov	ver Road Che	verly. M	arvland
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Januar 1984	ry 30, St.		emetery or crematory abas Epis.Ch.	.Cem., Leela	nd Pr.Ge	
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral direction was all Funeral Ho	me Bow:	00 Annapolie, Maryla	Lis Ro	20715 250. D	JAN 30 1984	R 25b. REGISTRAR	S SIGNATURE

Sames a principal matter Anthropic County of the grant of the county The same and the same state of

	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 4 8 /
1	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
HA	1. DECEASED NAME (TYPE OR PRINT)		
/ 2 (2 EA)	Pan	VEID JUE BULLY DEATH MATED GAT	7-8 10 841 AM
H DE SE	1 SEX 4. RACE	5. DATE OF BIRTH ONTH	TH DAY YEAR 20 HOUR
SSARY R YOU HIN 7	In BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 18	19 07 AM
WEEK WEEK	FOREIGN COUNTRY) Maryland	USA WIDOWED DIVORCED DIVINGE	Ceo vaes un
the report of	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO	1110.
TO THE FILE	Lienhan	LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cabrock Re and Antro Homemaker	House
ANY DELA AND 3 TO RETAIN PA PECCAGO		IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13t. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS / /	20912
A A S S S S S S S S S S S S S S S S S S		ontgomery tak, resk NO 161/ Ethat	2011en Ave
MIA 3	H. FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
TIMORE, A THE DEATH F PAGES 1 F PAGES 1 FORM PW FES THAND ON OF MA	Charles He was DECEASED EVER IN U.S	Patterson Nancy S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16.	Bush oma Pk.,MD
		218-76-0840 David Beavers 611 Ethan	n Allen Dr.
3 w0=2×	18. CAUSE OF DEATH (Ent	er only one cause per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
v = -0≥ = .	PART I DEATH WAS CA	EDIATE CAUSE (a) Hit by train	BETWEEN CHOSET AND DEATH
PRESTON ITHIN 24 H CIL IN ITEM URR ALON ANSIT PER AL HYGIEN REMOVAL	7500	DUE TO, OR AS A CONSEQUENCE OF	100
W. PRES' WITHIN NCIL IN INER A INER A ITAL HY OR REMC	Conditions, if ony, v	diote / (b)	
201 W. UTED W. IN PEN. EXAMIF	couse (o) stating the <u>u</u> lying couse last.		
EXECUTED ING. IN PERIOR EXAMPLED A BURIAL-HAND METON, COMMETTED A MATION, COMMETON, CO	PART 2 OTHER SIGNIFICANT CONDI	(c)	
RECORDS, ID BE EXEC PENDING, MEDICAL O AS A BUS IEALTH AN CREMATIL	10 Nor	~	
WITAL RECO	190. DATE OF OPERATION 210. EXTERNAL CAUSE WA	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
OF VITAL ATE SHOU E WORD " THE CHIEF TO BE USE WENT OF H	210 EXTERNAL CAUSE WA	AS 216 TIME QE INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	YES NO.
WISION OF CERTIFICATE TING THE WE 3 SHOULD E DEPARTMEN 1 PROR TO B		HOUR AM MONTH DAY YEAR	OR PART 2)
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	CONTRIBUTING CAUSE 214 INJURY OCCURRED WHILE NOT WHILE	71e PLACE OF INJURY LATHOME 711 TOCATION	Erain
DIN THIS G WARDE PAGE 3	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET STREET STREET CITY OR TOWN CITY	COUNTY STATE
	1		ny apinian
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE S	death resulted fram:	Notural causes, Accident, Suicide	
EXAMI CERTIFICATION BE DIRECT WARYLL	ACTUAL	TITLE (SPECIFY)	ATE TO _ 7.C.I C.T.
SESENT Z	SIGNATURE	MEDICAL EXAMINER SH	GN60 27 417 54
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH	EXAMINST STAME	ADDRESS	
PACE PACE PACE PACE PACE PACE PACE PACE	230. BURIAL, CREMATION, REMOV	VALITIES DATE 1236 NAME OF CEMPTERY OF CREMATORY 1236 LOCATION	COUNTY STATE
BP	Cremation	1-30-84 Lee's Crematory Washington, D	.C.
DHMH - 17	Hare's Lanha	25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAI	R'S SIGNATURE
(VR A15 ME (5))		m Funeral Home 9013 Anapolis RDB 1 0 1984	- Lamey

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(VRA 15, 4)

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			4 11.2		

STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

5. DATE OF BIRTH

BERNDT

REG. NO. 2a. DATE OF DEATH 2b. HOUR 13,1984 2:50A A Januarv 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. October 31. 1924 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR

6002 Westbrook Drive 20784

70. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? COUNTRY) Illinois U.S.A.

Grace

FOR

1. DECEASED NAME

Female

TYPE OR PRINTI

3. SEX

WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Doctors Hospital of Pr. Geo. Co. Lanham

White

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
133b. COUNTY
137 (CITY OR TOWN 13b. COUNTY 13c. CITY OR TOWN Maryland NewCarrollton

4 RACE

P.G. 4. FATHER'S NAME MIDDLE

Nick Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! No

166 SOCIAL SECURITY NO 350-16-3565

YES X

134. INSIDE CITY LIMITS?

Lucille

NO T

15. MOTHER'S MAIDEN NAME

17. INFORMANT Mr. William J. Berndt

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

Secretary

13e. STREET ADDRESS

Address Same as No# 13e.

Karch

INDUSTRY

Pr. Geo. Co.

APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) whi concer Canditians, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

210 ACCIDENT WAS UNDERLYING

220.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

23b. DATE

Jan. 13, 1984

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM ETC

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

19

211. LOCATION

NO W

CITY OF TOWN

20a. AUTOPSY?

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

and that in (my) (aur) opinion death accurred anythe date and haur and from the causes stated

STATE

NO F

224 PHYSICIAN'S NAME (TYPE OF PRINT)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceosed alive an.

19a DATE OF OPERATION

21d. INJURY OCCURRED

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL

ZZI. DATE SIGNED

226. SIGNATURE

Martin D. Weltz. M.D.

PHYSICIAN DIRECTOR PHYSICIAN 7676 New Hampshire Ave., Langley Park 20783

23a. BURIAL, CREMATION, REMOVAL

*

MPORTANT:

DHMH - 16 50M 4/82 (VRA 15, 4)

0

Cremation

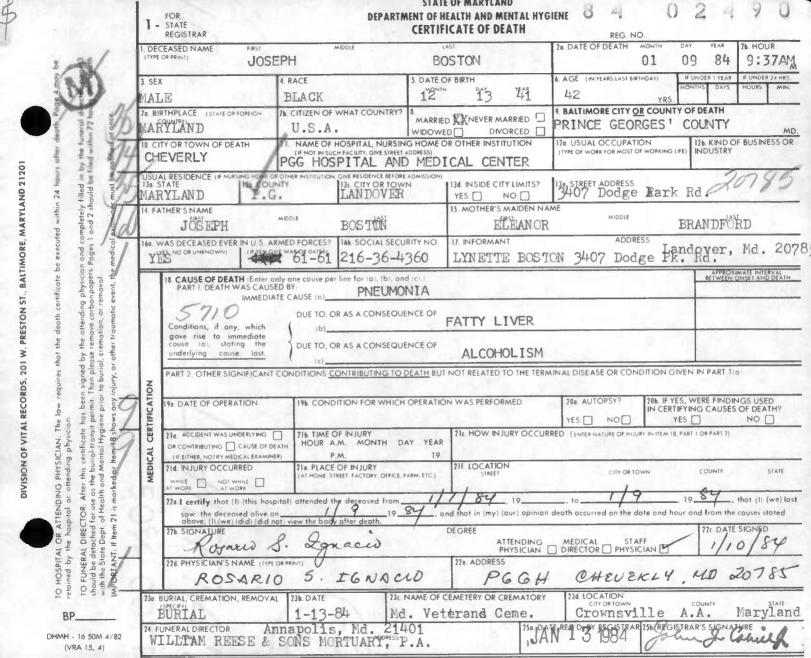
Gasch s Sons F.H. P.A. Hyattsville, Maryland

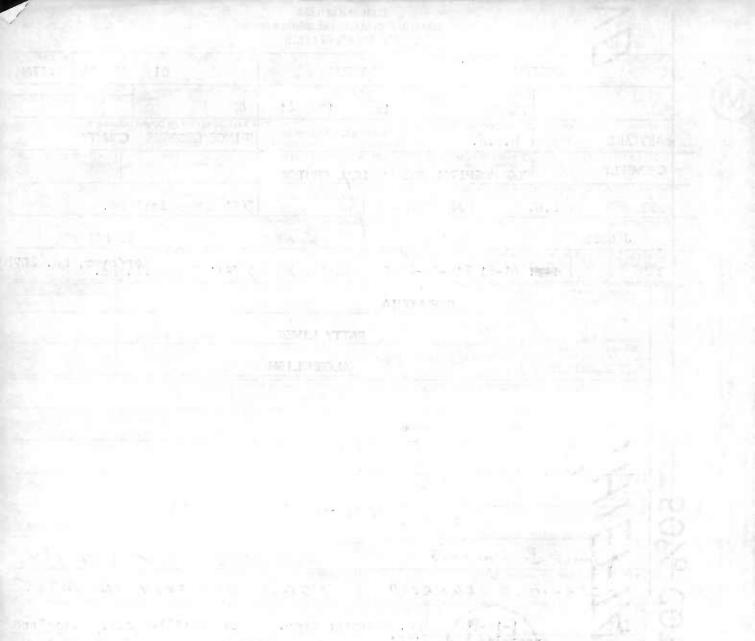
Metropolitan Crematory Alexandria 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

23d LOCATION

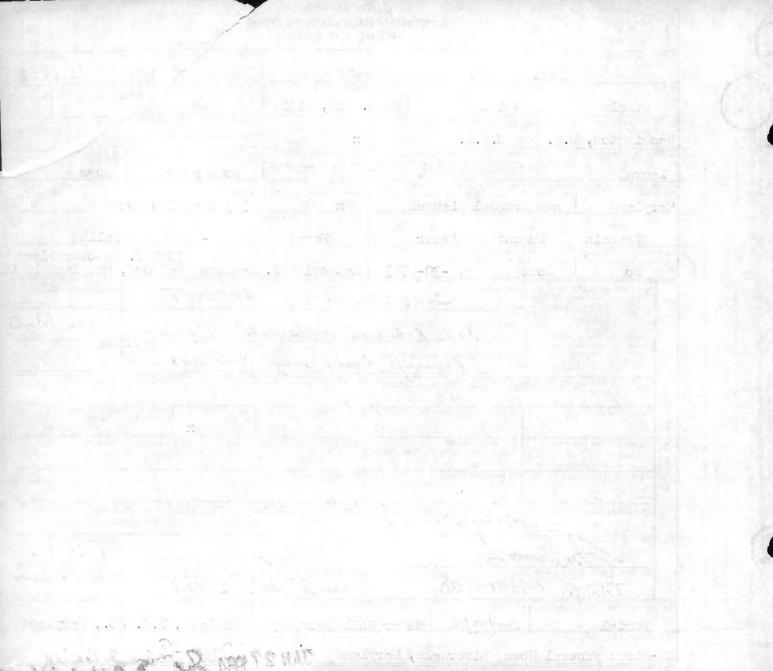
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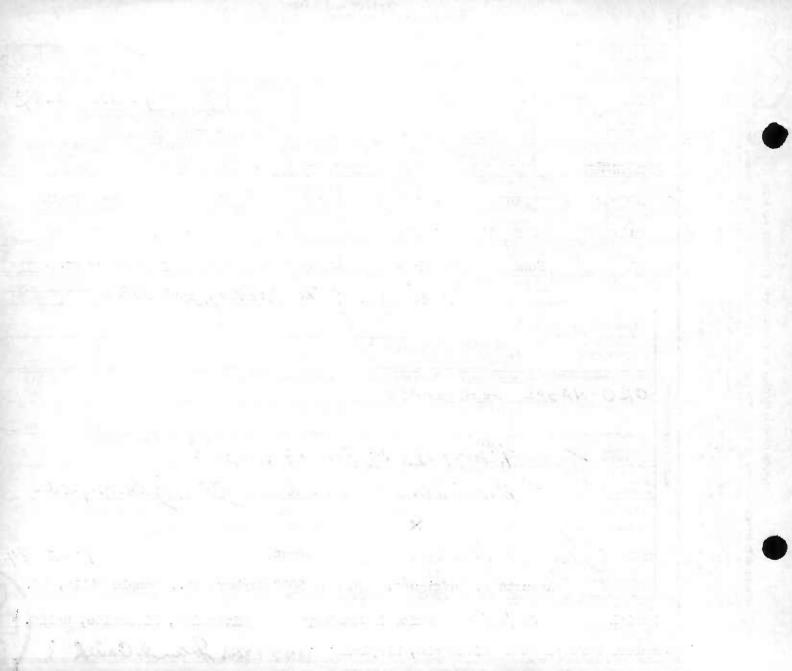




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/	_ FOR			DEPARTMEN		MARYLAND H AND MENTA	L HYGIEÑÉ	4.5	0 2	4 9	3
-6	T - STATE REGISTRAR	2		DICAL EXA		CERTIFICATE	OF DEATH	REG.	NO.		
	I. DECEASED NA			WIDDLE		LAST		OF ESTI-	MONTH	DAY YEAR	26. HOUR
D \$5 8 8 E	2 657	MAURE 14. RACE	EN PA	TRICIA		WLER INDER 1 YR TIF UNI		EATH MATED	Jan 2	22 19 84	9:05M
M 50 c 5 k	3. SEX FEMALE	WHITE	MONTH DAY	YEAR LAS	T BIRTHDAY) MOI			DATE NOUNCED DEAD	1- 22	2 1984	19057
ECESSA NERAL NOR YO MITHIN PRESIDENT	70. BIRTHPLACE FOREIGN COUNT	RY)	76 CITIZEN OF W	HAT COUNTRY?		RIED NEVER MA	RRIED L	ALTIMORE CIT	_	Y OF DEATH	
22m 2 1-	NEW YO			D STATES		WED L DIVO		OCCUPATION (12b. KIND OF BU	JSINESS
PAGE PAGE PAGE PAGE	ANDREWS		MALCOLM		F MEDIC	CAL CENTER		OF WORKING LIFE) JSEWIFE		OR INDUST Home	'RY
21201 ANY D AND 3 RETAIN HOULD RESCORE	USUAL RESIDEN 130. STATE CALIFOR	CE (IF IN NURS UP NIA RIVE	DR OTHER INSTITUTION, G ITY IRSIDE	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMIT		ADDRESS LIVINGS	TON ST	9250	299
M 7228	14 FATHER'S NA	AME	MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE		LAST	
A CARES OF SEC.	JAN		JOSEPH	SHEII		MARY 17. INFORMANT		FRANCIS	cc	LOVETT	
S AFTER GIVE PA ITH FOR PAIGES T VISION	(YES, NO, OR UN		MED FORCES? (WAR OR DATES) Tone	166. SOCIAL SI			WLER 203			ST RIVE	CA RSIDE
EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU E CERTIFICATE, WRITHING THE WORD "PENDING" IN PENCIL IN ITEM IS OUTD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG I DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT 4, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN. MARYLAND, 21201-PROPERCE BURIAL, CREMATION, OR REMOVAL.	gove couse lying PART 2 OTHI	itions, if any, which rise to immediate to o) stating the <u>under couse lost</u> .	(c) DUE TO, OF	R AS A CONSEQUE BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN I	N PART 1 (g),				
VITAL REC SHOULD B SHOULD B CHIEF ME E USED AS TO F HEAL	NO PATE 190. DATE 210. EXTEN	OF OPERATION		TION FOR WHIC		WAS PERFORMED?				20. AUTOPSY	?
F VITA TE SHOWOND WOND TE CHIE S BUT OF S BUT OF	210 EXTE	RNAL CAUSE WAS	da included	INJURY	210	HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM	18 PART 1 OR PAR	YES .	NO A
ON OF IFICATE TO THE MATINE ACTIONED	UNDERLY CONTRIB	ING OP UTING CAUSE OF	PONK A	MONTH DAY	YEAR	Foll off	hel be	d			
DIVISION WRITING TH WRITING TH AGE 3 SHOU ATE DEPART	UNDERLY CONTRIB 21d INJUE WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FACE	o	no Made	ocation STREET And	luds A	23, B	Geng	es Mo	STATE
NER: TI CATE, ' FORW THE STA		ertify that I took char	ge of the remains de			j		nquiry ,	ond in my opi	nion	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: , WITH THE I		sulted from: Notu	rol couses	Accident X,	Suicide L	TITLE (SPECIFY)	ned monner	<u></u>	4	
SHOUL SHOUL FATH, ORE, N	SIGNATU	HE / MES	una 1.7	nage	4	M.D. Deput	MEDICA	LEXAMINER	SIGNED	1" 22	-84
TO MEDICAL ED EXECUTE THE GE PAGE 4 SHOUL TO FUNERLY D AFTER DEATH, V BAJIMORE, MV	EXAMINE (TYPE OR	PRINT)				_ADDRESS 5009			emple I	Hills,	Md.
	230. BURIAL, CRE. (SPECIFY) Buria	MATION, REMOVAL	Jan/26/84		of CEMETERY	OR CREMATORY	23d LOCA	rside, F	coun		TATE
99999 BP	24. FUNERAL DI		ADDRES		MIGIL OF		TE REC'D. BY REC	GISTRAR 256 RE	EGISTRAR'S SI		
(VR Å15 ME (5)) 20M 4/B2		s Funeral		rerdale,	Maryla	nd IAN	7 1084	Joan	g. Care	W.	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

선물로 마이스 가게 되는 것이 되었다. 조심에 보고 되었다.

And the

1 - STA			STATI EPARTMENT OF H ICAL EXAMINE		ENTAL HY		0 2 4	9 0
	ASED NAME FIRST	lotte	MIDDLE V.	Bristo		20. DATE KNOWN: OF ESTI- DEATH MATED	MONTH DAY	YEAR 26. H
3. SEX Fema		S. DATE OF BIRTH MONTH DAY March 3,	1901 82 YRS	Morning DATS	IF UNDER 24	HRS. 26. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 24.
/ form	HPLACE ISTATE OR CALCOUNTRY)	76. CITIZEN OF WHA		MARRIED NE	DIVORCED		or COUNTY OF DEA	nty
Ho.	or town of death	4901 Shar	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS) CON Street	20740	I MOITI	TO USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OR IN OWN	OF BUSINE IDUSTRY Home
Ma:	ryland Princ		RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Greenbelt	13d. INSIDE (NO 🗆	se STREET ADDRESS 22 Ridge Road	d, #320 20	0770
1	Thomas	MIDDLE .	Vimont		ER'S MAIDEN FIRST Unkn	MIDDLE	LAST	
N	S DECEASED EVER IN U.S. AF NO, OR UNKNOWN) (IF YES, GIV O CAUSE OF DEATH (Enter o	E WAR OR DATES)	217 36 8333		. Brist	4716 Brand ow Beltsvill	fon Lane le, Md. 207	'05
ATION IS	gove rise to immediate couse (a) stating the under lying couse last. ART 2 OTNER SIGNIFICANT CONDITION 9a. DATE OF OPERATION	DUE TO, OR A (c) S CONTRIBUTING TO DEATH BU None	CONIC MYOCAL S A CONSEQUENCE OF IT HOT RELATED TO THE TERMIN DIN FOR WHICH OPERA	E. AL DISEASE OR CONDITIO	IN GIVEN IN PART 1	· d	20 AUT	OPSY?
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AC 5X	220. I certify that I took char death resulted from: CTUAL CHARLES NAME JOH: KAMINER'S NAME JOH: YPE OR PRINT)	ge of the remains descrived couses X, A	Accident , Suici	M.D. De	puty 1919 Se Silver	Undetermined manner _MEDICAL EXAMINER eminary Road Spring, Mont	3101122	20/84

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	STATE											
	REGISTRAR			ME	DICAL EXAM				REG. NO			
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3. SE	X	4 RACE	5. DA	ATE OF BIRTH	YEAR LAST BIR	N YEARS IF UNI			OUNCED	HTHOM	DAY	YEAR
M	ale	Negro	0	APRIL	15 38 4	5 YRS.	THOUSE THOUSE	D	DOA DOA			9 84
	THPLACE (7b. C	ITIZEN OF W	HAT COUNTRY?	9	D X NEVER MAR	RIED 7. BAI	LTIMORE CITY C	OR COUN	ITY OF DI	ATH
9	PENNSY	LVANIA		U.S.A		WIDOWI		CED D PR	RINCE GE	ORGE	S	
10 C	ITY OR TOWN		11. N	NAME OF HOS	SPITAL, NURSING HO		RINSTITUTION		CCUPATION (TYPE WORKING LIFE)	E OF WORK	12b. KIN OR	D OF BUI
L	anham				Hospital				TIONS MG	R	HOS	PITA
	AL RESIDENCI		G HOME OR OTHE	R INSTITUTION, G	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET AD	ODRESS			20
100	LARYLAN			GEORG			YES 🛛 NO 🗆	7404 2	24th AVE			20
	ATHER'S NAM		MIDE	- OLOICO	LAST		15. MOTHER'S MAIL	EN NAME	MIDDLE		1/	ST
)	CHRISP	OL C.	MIDL	76.	BROWN		ALICE		MIDDLE			HING
	WAS DECEAS	ED EVER IN L	U.S. ARMED F		166. SOCIAL SECU	JRITY NO.	17. INFORMANT	-	ADDRESS	5		
	NKNOWN	(1)	TES, GIVE WAR ON	DATES	578-52-0	9626	BARBARA	M. BROWN	7404 24	4th A	AVE	1
	IB. CAUSE				for (a), (b), and (c).)							ROXIMATE
١.	PARTID	EATH WAS	CAUSED BY:	USE (a)	Arterioscl	erotic	cardiovas	scular d	isease		00,744	214 011021
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	171	1		DUE TO, OR	AS A CONSEQUEN	CE OF						
		ans, if any,			AS A CONSEQUEN	CE OF						
	gave	ans, if any, rise to imn	mediate /	(p)								
	gave couse (d	rise ta imn	mediate /	(b) DUE TO, OR	AS A CONSEQUEN			+				
	gave couse (c lying co	rise to imn a) stating the suse last.	mediate e under-	(b)	AS A CONSEQUEN	CE OF	OR CONDITION GIVEN IN 8	ART 1 (a)				
NC	gave couse (c lying co	rise to imn a) stating the suse last.	mediate e under-	(b)		CE OF	OR CONDITION GIVEN IN P	ART 1 (a),				
ATION	gave couse (couse (couse (couse for large couse))	rise to imn a) stating the suse last.	nediate under- HDITIONS (ONTRI	(b) DUE TO, OR (c) BUTING 10 DEATH	AS A CONSEQUEN	CE OF TERMINAL DISEASE		ÁŘT 1 (a),			20. AL	JTOPSY?
IFICATION	gave couse (couse (couse (couse for large couse))	rise to immo a) stating the ruse last.	nediate under- HDITIONS (ONTRI	(b) DUE TO, OR (c) BUTING 10 DEATH	AS A CONSEQUENCE	CE OF TERMINAL DISEASE		ART I (a).				
SETTIFICATION	gave couse (couse (cous	rise to immo) stating the nuse last. SIGNIFICANT (O) F OPERATIO	NOTITIONS CONTRIL	(b) DUE TO, OR (c) BUILING TO GEATH	BUT NOT RELATED TO THE TION FOR WHICH O	CE OF TERMINAL DISEASE PPERATION W/			OF INJURY IN ITEM 16	PART I OR P	YE	UTOPSY?
AL CERTIFICATION	gave couse (couse (cous	rise to imm) stating the ruse last. SIGNIFICANT (0) F OPERATIO IAL CAUSE V G	NOTIONS CONTRIL	(b) DUE TO, OR (c) BUILING 10 GEATH 19b. CONDI 21b. TIME O HOUR A.M	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y	CE OF TERMINAL DISEASE PPERATION W/ 'EAR 21c. HO	AS PERFORMED?		OF MJURY IN ITEM 18	PART I OR P	YE	
	gave couse (couse (cous	FOPERATIO	NOTIONS CONTRI	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOME	TERMINAL DISEASE OPERATION W/ FEAR 21c. HO	AS PERFORMED?		OF MJURY IN ITEM 18	PART I OR P	YE	
MEDICAL CERTIFICATION	gave couse (couse (cous	INCOLURATED	NOTIONS CONTRIB	(b)	BUT NOT RELATED TO THE	TERMINAL DISEASE OPERATION W/ FEAR 21c. HO	AS PERFORMED?	ED (ENTER NATURE (of injury in item 18 i or town		YE	
	gave couse (couse (cous	FOPERATIO	NOTIONS CONTRIB	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOME	TERMINAL DISEASE OPERATION W/ FEAR 21c. HO	AS PERFORMED?	ED (ENTER NATURE)	OR TOWN		YE ART 2)	
	gave couse (couse (cous	INCLUDE COLUMN C	NOITIONS CONTRIL	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOME	TERMINAL DISEASE PPERATION WA ZEAR 216. HO E. 216. LOC S1	AS PERFORMED? W INJURY OCCURR ATION REE1	CITY C	DR TOWN		YE ART 2)	
	gave couse (couse (cous	F OPERATIO	NOITIONS CONTRIL	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y OF INJURY (AT HOME	TERMINAL DISEASE PPERATION WA ZEAR 216. HO E. 216. LOC S1	AS PERFORMED? W INJURY OCCURR ATION REE1	ED (ENTER NATURE)	DR TOWN	C	YE ART 2)	
	gave couse (couse (cous	F OPERATIO	NOITIONS CONTRIB	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y OF INJURY (AT HOME	TERMINAL DISEASE PERATION WA ZEAR 21c. HO E. 21f. LOC S1	AS PERFORMED? OW INJURY OCCURR CATION REET Homicide TITLE (SPECIFY)	CITY C Undetermine	DR TOWN	CI nd in my c	YE ART 2) OUNTY	es 🗆
	gave couse (couse (cous	F OPERATIO	NOITIONS CONTRIB	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y OF INJURY (AT HOME	TERMINAL DISEASE PERATION WA ZEAR 21c. HO E. 21f. LOC S1	AS PERFORMED? WINJURY OCCURF ATION REET Homicide	CITY C Undetermine	on town	C	ART 2) OUNTY Opinion	
	gave couse (couse (cous	F OPERATIO F OPERATIO F OPERATIO F OR ING CAU CCURRED NOT WH AT WOR! tify that I too	NOITIONS CONTRIL NOITIONS CONTRIL NAS USE OF DEATH Ask charge at the Natural cau	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOME TORY, FARM, ETC.)	TERMINAL DISEASE PERATION WA ZEAR 21c. HO E. 21f. LOC S1 Autops Suicide	AS PERFORMED? WINJURY OCCURR ATION REET Homicide TITLE (SPECIFY) Deputy	CITY C an MEDICAL E	OR TOWN on d manner	DATE SIGN	YED 2/	1/19
MEDICAL	gave couse (couse (cous	FOPERATION IAL CAUSE V FOR CAUSE OCCURRED NOT WHAT WOR! It to the total t	NOUTIONS CONTRILL NOUTIONS CONTRILL ON WAS USE OF DEATH K Natural cau	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOMI TORY, FARM, ETC.) scribed obove, held of Accident	TERMINAL DISEASE PERATION WA ZIGHO E. ZIII. LOC SI Suicide	AS PERFORMED? OW INJURY OCCURR CATION REET Homicide TITLE (SPECIFY) Deputy ADDRES 5009 F	city of Medical E	on town uiry , on ad manner . XAMINER Ct., Tem	DATE SIGN	YED 2/	1/19
WEDICAL WEDICAL	gave couse (couse (cous	FOPERATION IAL CAUSE V FOR CAUSE OCCURRED NOT WHAT WOR! It to the total t	NOUTIONS CONTRILL NOUTIONS CONTRILL ON WAS USE OF DEATH K Natural cau	(b)	BUT NOT RELATED TO THE TION FOR WHICH O FINJURY A. MONTH DAY Y A. 19 OF INJURY (AT HOMITORY, FARM, ETC.) Scribed obove, held of Accident , Accident , ITIBUEZ M 133. NAME OF	TERMINAL DISEASE PERATION WA ZIGHO E. ZIII. LOC SI Suicide	AS PERFORMED? OW INJURY OCCURR CATION REET Homicide TITLE (SPECIFY) Deputy ADDRES 5009 F	CITY OF TOWN OF TOWN	on town It is a second of the	DATE SIGN	OUNTY Pinion ED_2/:	1/19

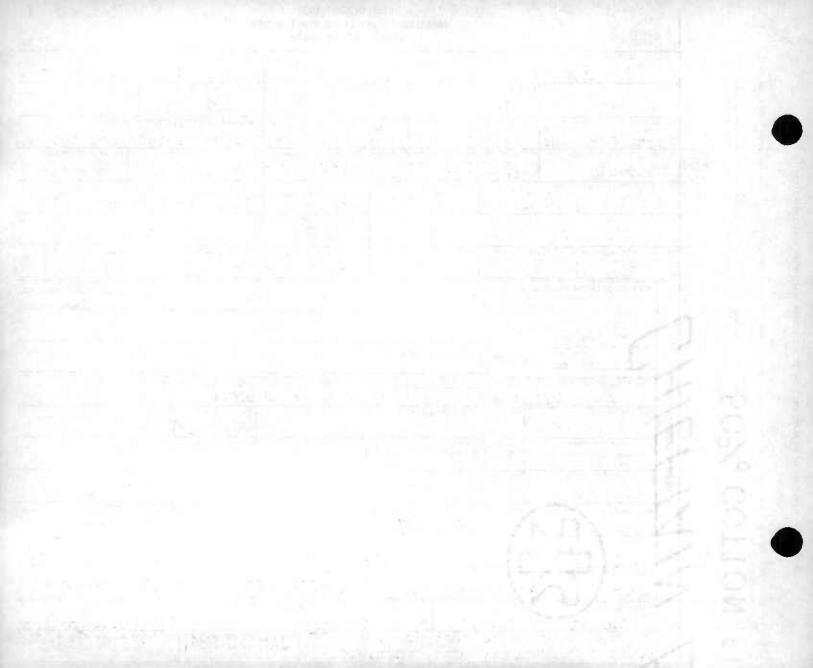
20M 4/82

1	FOR		D	ST.		ARYLAND AND MENTAL H	IYGIENE 4	0 2 4	9 8
- 13	- STATE REGISTRAR			ICAL EXAMI			PREATH		
1.	DECEASED NA	MF FIRST		MIDDLE		AST	20. DATE KNOWN D		YEAR 76 HOUR
	(TYPE OR PRINT)			7.7	7	2 20 22	OF ESTI-		
2 0	SEX	Hattie 14 RACE	S. DATE OF BIRTH		EARS IF UND	PER 1 YR. IF UNDER		1 21 198	YEAR 24 HOUR
			MONTH DAY	YEAR LAST BIRTH	DAY) MONTHS	DAYS HOURS	MIN. PRONOUNCED		6:22
- 100	emale	Negro	Mar 3 1		rrs.		9 BALTIMORE CITY		84 p.m
70	FOREIGN COUNTR	Y}	200	AT COUNTRY?		D NEVER MARR	IED DC	COUNTY OF DEA	
	South	Carolin	USA	ITAL, NURSING HOA	WIDOWE		EU L	A DELL'A MARIA	MD.
1	ndrews .		(#F NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS TOW USAF M			FOR MOST OF WORKING LIFE) HOusewife	OR IN	DUSTRY
	SUAL RESIDENCE.	E (IF IN NURSING HOME O		13c. CITY OR TOWN		3d. INSIDE CITY LIMITS?	13e. SIREEI ADDRESS	207	47
1	Md	PG		Distric	t Hts	YES X NO	13e. SIREEI ADDRESS 6630 Kipli	ng Parkw	ay/
114	FATHER'S NA	ME	MIDDLE	LAST		15. MOTHER'S MAIDE	MIDDLE	LAST	
4	Jim		White			Henrie	* *	iffin	
16	MAS DECEA	SED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR				trict Ht	
L	no	(11 (25) 5112		251-20-	4182	Harry Ma	.ck/6630 Kipl	ing Park	way,
F	18. CAUSE	OF DEATH (Enter onl	y one couse per line t	or (o), (b), ond (c).)				APPRO	XIMATE INTERVAL
ı	PARTI	DEATH WAS CAUSED	BY: Ar	terioscler	otic o	cardiovasc	ular disease		
1	4	292		AS A CONSEQUENCE	OF				
		ions, if any, which	(b)						
	couse	(o) stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF				
	lying c	ause lost.	(c)						
		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	MINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 o		
4	100 DATE	OF OPERATION	TIEL CONIDIT	ION FOR WHICH OP	DATIONIA	S DEGEODATED?		Ind aux	OBCVA
13	19a. DATE (O. O. ERATION	179. CONDIT	ON FOR WHICH OP	KALION WA	AS FERFORMED!		20. AUT	
-	2)a EYTED	NAL CAUSE WAS	21b. TIME OF	INTERP	111. 00	W INTERPOSE	D. PATER MAYOR CO.	YES	□ NO 🔀
	The same of the course	NG DOR	HOUR A.M.	MONTH DAY YE	AR ZIC. HO	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
1	CONTRIBU	TING CAUSE OF		19	100000	171011			
	214 INJUR	Y OCCURRED		FINJURY (ATHOME, DRY, FARM, ETC.)	211. LOC ST	ATION REET	CITY OR TOWN	COUNTY	STATE
	AT WORK	NOT WHILE	J						
	220. l ce	rtify that I took charg	e of the remains desc	ribed above, held on	Autops	, Inspectio	n X, Inquiry X, or	nd in my apinian	
	100		1		vicide .	Hamicide .	Undetermined manner		
		1	00	74.19		TITLE (SPECIFY)			E 4 9/4
	ACTUAL	Hugus	to/ tro	hiques	M.I	Deputy	MEDICAL EXAMINER	DATE 1/21	/1984
1			, ,	10					
1	(TYPE OR P	S NAME Augus	sto P. Rod	riguez, M.	D	DDRE 5009 Ra	yburn Ct., Temp	ole Hills,	Md.
23	a. BURIAL, CREA	AATION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	COUNTY	STATE
	Buri		1-28-84	RockHi	11 A	ME Ch Cer	m Vance		3C
24	FUNERAL DIR	ECTOMarsha	Il Funer	al Home		250. DATE	REC'D. BY REGISTRAR 256. REG		
[±		th St NW	. Washi	ngton, I	C 200	27744 26	1004 Johns	court	4

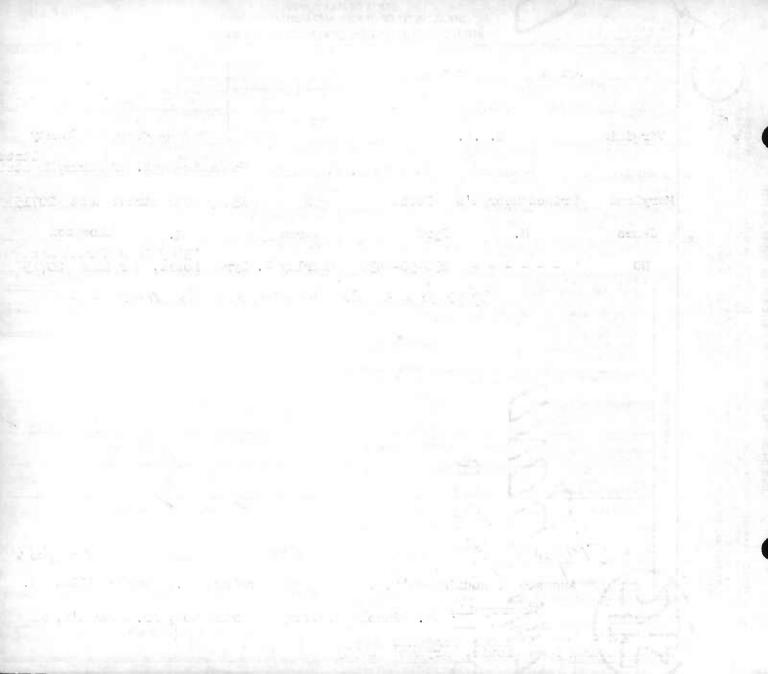
SIME OF SHE John & Coming

Some H. THERED AND SHE FLORENCE THE COLLEGE DESCRIPTION OF SHE April I you joined himself

*		1.	FOR STATE		RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8 4	12300
e ne		l. DEC	REGISTRAR EASED NAME FIRST F.I	MMA BOOAH WOF		TON BURNEY	REG. NO.	DAY YEAR 26 HOUR
noy be page 3 rr death			Elnmi	/ Land	OK	1144	January 13,	1984 2:51PA
tor, p	1	3. SEX	Female	Black	5. DATE O		83 83 YRS	MONTHS DAYS HOURS MIN.
8 8 8 K	11		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 1	D NEVER MARRIED	RALTIMORE CITY OR COUN	
Acres of Acr	4		rth Carolina	U.S.A.	WIDOWE	DIVORCED	Prince Georg	
offer of	P		y or town of death heverly	(11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Prince George	SING HOME (BET ADDRESS) N BS HOS	ROTHER INSTITUTION Jursing Hom Spital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOmemaker	Domes tic
24 hour	35	13a. S		ROTHER INSTITUTION GIVE RESIDENCE BER NTY 130. CITY OR TO OXON	OWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 1119 Marcy	Avenue 745
of with	d	I4 FA	THER'S NAME Boyd	Sumrel Sumrel	1	15. MOTHER'S MAIDEN N Minnie		unknown)
n and ca Pages	7		(AS DECEASED EVER IN U.S. AF ES. NO OR UNKNOWN) (IF YES. GI	VE WAR OR DATES)			Dickerson's Av	
that the death certificate by by the attending physicial case remove carban papers. all, crematian, or removal. It after traumatic event, the				nly one couse per line for (a), (b), ED BY: TE CAUSE (a) CCCAU DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC (c) (c)	DUENCE OF	orny Arr	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e law requires t in. has been signed permit. Then ple ine prior to burio we any injury, or	2	CERTIFICATION			rebro	vesculor.		GIVEN IN PART 110 YES, WERE FINDINGS USED ATTIFYING CAUSES OF DEATH? YES NO
SICIAN: The ng physicio certificate lerial-transit ental Hygie them 18 sho	Ŷ		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	
G PHYSIC attending er this cer s the buria and Ment		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING the haspital are DIRECTOR: Aft ached far use as Dept. af Health			22a.1 certify that (1) (this hasp	offolioliottended the deceased from	0. 63	DEGREE	n death accurred on the date and I	, 1997, that (I) (we) look hour and from the causes stated
4 de (3)	- 8					220 ADDRESS		
AL AL	1	S	22d PHYSICIAN'S NAME (TYPE	blonowltz, M	0	10300 G	ree-balt Rd. 5	ectropt, and
SPITAL J by th VERAL be det e State	Z	23a B		0/000 / to 1 /2 /	NAME OF	EMETERY OR CREMATORY Cemetery	23d. LOCATION	countNorth STATE Co., Carolina



Af		OR			NED A DT	STAT MENT OF H		ARYLAN	_	VOLENIE	three	0	2	5 0	
1	1-:	STATE REGISTRAR				EXAMINE					н	REG. NO.	1.00		
1	. DEC	EASED NAME	FIRST		MIDDLE			LAST			DATE KN	OWN X	MONTH E	DAY YEAR	2b. HOUR
L			James		tever		BY				DEATH MA	ATED	1/17	/ 1984	M
3	. SEX		4 RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAR	IF UN		HOURS		ONOUNCE	D	MONTH	DAY YEAR	2d. HOUR
L		ale	white	8/27/40		43 YRS	5.					Janua			6:120
4	FOR	THPLACE (ST	ATE OR	76. CITIZEN OF WH		ITRY?	MARRI	ED NEV	ER MARR	IED 🗆 9.	BALTIMOR	_			
L		irginia		U.S.A			WIDOW		DIVORC		Prin	ce Ge	orge'	s Cour	ity MD.
1	D CIT	Y OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITUT	ION	FORMO	ST OF WORKING	LIFE)		OR INDUS	TRYSTATE
4		anham		Doctors'				G. Cou	inty	Mech	anic-	Dept.	of Pa	arks/M	D
1	3a. ST		136 COUN	or other institution, Given the George	13c. CITY	SEFORE ADMISSION OR TOWN SOWIE	۷)	13d. INSIDE (1)	IY LIMITS?	13e. STREE	address	h Str	eet E	est 2	20715
ь		THER'S NAME						15. MOTHE	R'S MAIDE				CC 0 11		0117
		James		M.	Byr	rd.		Ver	rst da		MIDDL		The	ompson	166
1	6a W		EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17. INFORM				-		reet E	
	(YE	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	230	-50-443	88	Shirl	ev E.	Byrd	BOM	ie. Ma	ur ou	nd 20)715
			DEATH (Enter on	aly one couse per lige			,,,,	101111111	<u></u>	22,12.0	DOW	100	77.0	APPROXIMA	TE INTERVAL
ı		PARTIDE	ATH WAS CAUSE	D BY:	Tous	. //	atre	Ca	what	10000	ular	des	care	BETWEEN ONS	ET AND DEATH
ı		429	72 IMMEDIA			SEQUENCE O	F								
			s, if ony, which	40	-										
		cause (a)	e to immediate stoting the <u>under</u> -		AS A CON	NSEQUENCE O	F								
		lying cou	se last.	(4)											
1		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT BELV	ATED TO THE TERMIN	IAL OISEAS	De CONDITION	GIVEN IN PA	\$T 1 (a).		-			
ı	NO														
	CERTIFICATION	190. DATE OF	OPERATION	18b. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					20 AUTOPS	Υ?
	LIFIC													YES	NO P
	CER		L CAUSE WAS	21b. TIME OF HOUR A.M		DAV VEAD	21c. HC	OW INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)		
		UNDERLYING	OR IG CAUSE OF I	DEATH P.M		DAY YEAR									
	MEDICAL	21d. INJURY C	CCURRED	21e PLACE C	F INJURY	(AT HOME,		CATION							STATE
	2	WHILE AT WORK	NOT WHILE	STREET, FACT	OKT, FARM, E	:10.)	1	INCE			TITY OR TOWN		COUNTY	1	STATE
				and the remains de-	enibad etc		Aute -		lava est a		- 5	7			
				ge of the remoins des			Autap	,	Inspectio		Inquiry L		in my opinio	ρΠ	
		deoth resulte	a from Notu	ral causes .	Accident	L.J., Suic	ide L.J	, Homic		Undeterr	nined mann	er L.			
		ACTUAL /	Trugue	10XX	1	elle .	-	TITLE (SE	uty				DATE SIGNED_	1-1:	7-831
1		SIGNATURIL	1	11	ny	X	M	.D	J	MEDIC	AL EXAMINI	ER	SIGNED_	, ,	- V
				to P. Rod		z, 4.D.		ADDRESS_5	009 I			, Tem	ple H	ills,	Md.
	30.BL	JRIAL, CREMAT	ION, REMOVAL	January 2	23с.	NAME OF CEM				23d. LOC CITY OR	TOWN		COUNTY	1	STATE
L	Т	our TaT	11/10	1984	Ft	. Linco	oln (-		twood				MD
1		NERAL MEE	Z Lel Was	16000 55	Annar	olis Ro	oad		OR DATE	REC'D. BY R	400 A	ZOB. REGIST	KAR'S SIGI	VATURE	1
Ŀ	Bea	all Fun	eral Hom	e Bowie,	Mary	land 2	2071		JAT	113	120.4				



STATE OF MARYLAND

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YGIENE

IF UNDER 1 YEAR

REG. NO

MONTH

01-14-84

2b. HOUR

8:09a

IF UNDER 24 HRS

1 - STATE REGISTRAR			CERTIFICATE OF DEATH
DECEASED NAME	FIRST	MIDDLE	LAST
TYPE OR PRINT)	DODOTHY	Diane	CALLET

				MEG. T. O.
1. DECEASED NAME		MIDDLE	LAST	20. DATE OF DEATH MONT
(TYPE OR PRINT)	DOROTHY	Diane D.	CAHILL	01.
1 SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY
Female	2	Cau.	Sept. 13,1935	48
BIRTHPLACE (ST	ATE OR FOREIGN	25 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR CO

MARRIED NEVER MARRIED

DIVORCED X

BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S COUNTY Teachers Hide

12b. KIND OF BUSINESS OR Public School

20612

CLINTON SOUTHERN MARYLAND HOSPITAL USUAL RESIDENCE (IF NURSING HOMEOR OTHER 130. STATE 135, COUNTY Maryland Charles

CITY OR TOWN Benedict

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? NO X 15. MOTHER'S MAIDEN NAME

17. INFORMANT

Box 155 Rosalie

ADDRESS

Maguire

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

		He	eni	· y			
Sa.	WAS	DECE	ASED	EVER	IN	U.S.	,
35	TVES N	000	NENOV	CLANA	- 6	IE VES	-

Wash.

14. FATHER'S NAME

NO

O CITY OR TOWN OF DEATH

Swann ARMED FORCES? 16b. SOCIAL SECURITY NO GIVE WAR OR DATES

U.S.A.

219-26-772

Tracy L. Cahill same as 13

PART I. DEATH WAS CAUSED 2 396 IMMEDIATI	BY: BRAN TWOR
2310	DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES

IN PART 110

190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MONTH

21b. TIME OF INJURY

HOUR A.M.

not) view the body ofter death

DAY YEAR 21f. LOCATION

DEGREE

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

NO X

COUNTY STATE

226 SIGNATURE 290 PHYSIM AN'S NAME ITTHE CHIMINITY

sow the deceased alive

NOT WHILE 220.1 certify that (1) (this hospital) attended to

22e. ADDRESS

Old Fields Epis.Cem.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

22c. DATE SIGNED

20744

PHILIP WISOTSKY, M.D.

Washington, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

and that in (my) point on death occurred on the date and hour and from the causes stated

Charles, Mi

Burial DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Funeral Home, Waldorf, Maryland

1-17-84

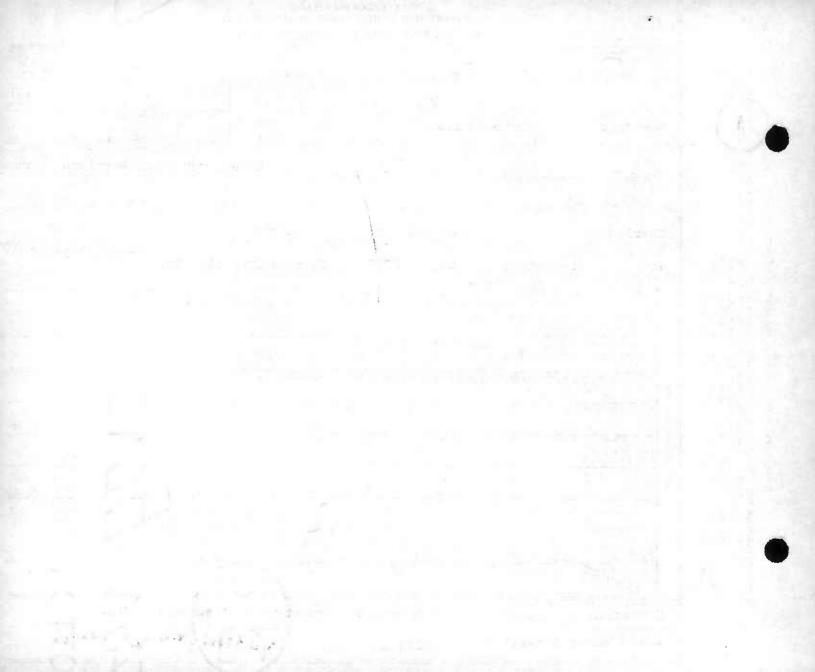
23b. DATE

Hughesville,

Technica attended to achomi Clark to the x to the all majored the types religion . Without the control of th Si of the Siddle .. white First -----THE BUTTON WITH THE STATE OF TH 1-19-se . It wields Spin. to Hughesville, Whartes, We Intana. Super Funeral plane, seldori, maryland 1111 Files Communication

DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN OF ESTI-6. AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York United States WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY
Undercover Agent-American Espress 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? STREET ADDRESS MIDDLE MIDDLE FIRST Branch Campbell, Sr. Nebria Charles 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 681 Courtlandt Bronx, NY 10451 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 098 56 6719 Charles Campbell, Sr. Peacetime Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, I IL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last SONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A I THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) AM MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 8 4 21e PLACE OF INJURY (AT HOME, 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2:201 P AT WORK NOT WHILE 22a I certify that I took charge of the remains described above, held an and in my apinian death resulted fram: Natural causes Undetermined manner Hamicide TITLE (SPECIFY) SIGNATUR EXAMINETE NAME ADDRESS 230 BURIAL, CREMATION, REMOVAL TIL DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Metropolitan Crematory Alexandria, Virginia 1-20-84 BP. ²⁴ FUNERAL DIRECTOR IVes-Pearson Funeral Montes, Arlington, Va. 250. DATE REC'D BY REGISTRAL 251 REGISTRAR'S STENATURE **DHMH - 17** (VR A15 ME (5))

20M 4/82



(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

DIVISION OF VITAL RECORDS,

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

Prince George IR TISLINGGEUPATONI 9 ES 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY at home 5300 Wheeler Rd. 20745 same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 COUNTY STATE and that in (my) (par) opinion death occurred on the date and hour and from the causes stated TIL DATE SIGNED PHYSICIAN Md. P.G. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 35b. REGISTRAR'S G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

26 HOUR

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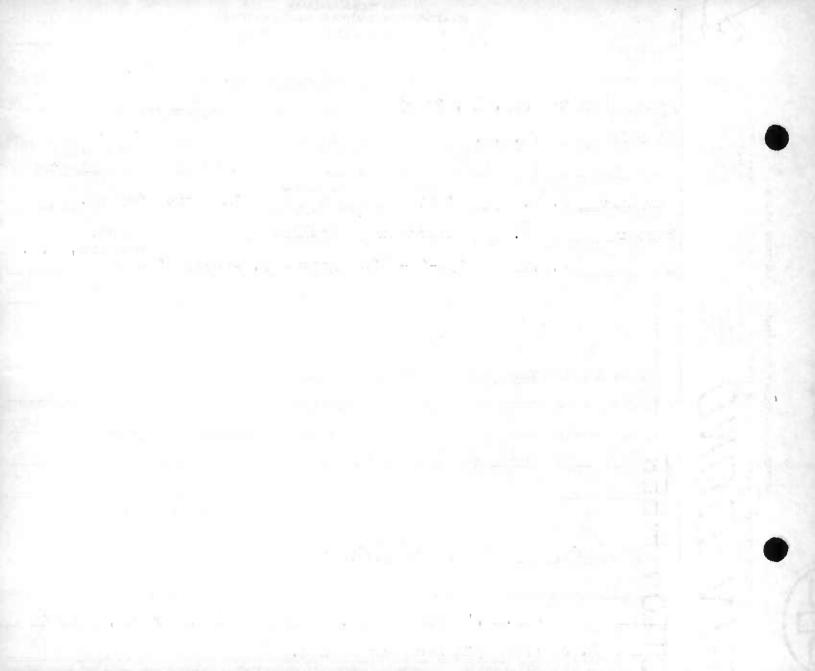
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20M 4/82



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The Cause of Death (Enter only one couse per line for (a), (b), and (c))		14 FA	ATHER'S NAME FIRST	Jer		Carrol	l. Sr.	FIRST				Crown	
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Burial 1/18/84 Washington National Cem. Suitland P.G. Maryland 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250 PATE RECO BY REGISTRAR'S SGN JURE	BALTIMORE, MARYLAND, 21201		220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	I taak charge Natura Ulun Lugust	couses X.	Accident .	Suicide M.D.	Homicide TITLE (SPECIFY) Deputy 5009 ADDRESS	. Undeter	CALEXAMINER	DATE SIGN	1/15/1	
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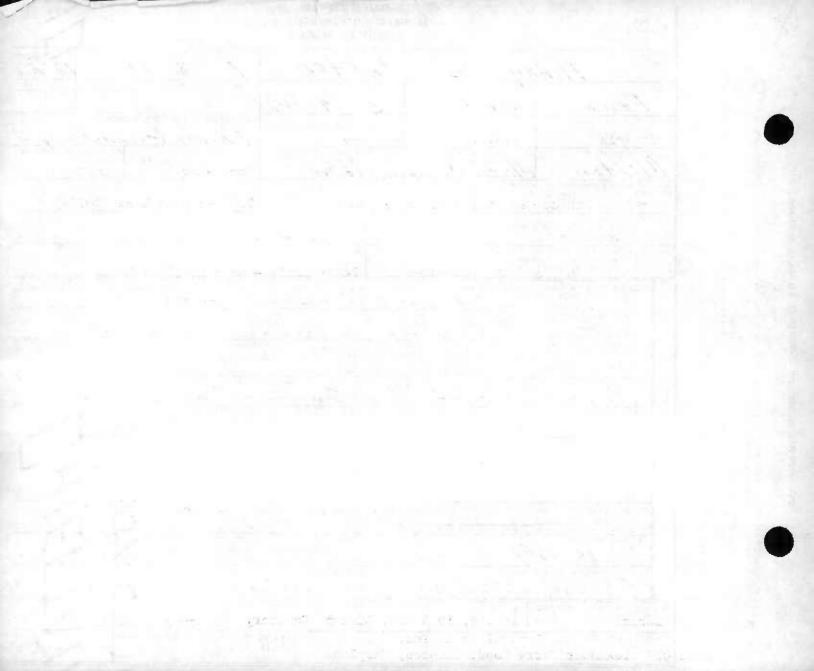
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH YEAR 7b. HOUR I. DECEASED NAME (TYPE OR PRINT) 1984 January 8. Donald Carter 4 RACE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH Male HOURS 19301 Sept. 53 Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED West Virginia U.S.A. Prince George DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR Wilmette Drive Cype of work for most of working life INDUSTRY Carpentry Oxon Hill W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE AGMISSION) 20745 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George Oxon Hill 1005 Wilmette Drive YES X NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Carter Bailey Lois Carter 1005 Wilmette Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Loretta Carter No Oxon Hill, Maryland Dumary APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: linkhown neceinous ade nocorcinama DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, while gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Ť 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR infal MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 270. | certify that (1) (This harpitel) attended the deceased fram 10 83 saw the deceased alive an. and that in (my) row) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) told (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN O FUNERAL 22e ADDRESS 22d PHYSICIAN'S NAME Belevest Rd # 460 Hyattswelle 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN Buria. 11/84 Cedar Hill Cemetery BP. Suitland 6160 Oxon Hill Rd 250 DATE REC'D 3Y REGISARAR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

George P. Kalas Funeral Home Oxon Hill. Md.

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20. DATE OF DEATH MONTH FIRST 7b. HOUR (TYPE OR PRINT) ALBERT CERU 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR M Mar. 25,1901 White To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY France Prince Georges DIVORCED & WIDOWED A JISHA CONTROL 905 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Clinton Southern Maryland Hospital Undetermined Undetermin USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 COUNTY 9211 Stewart Lane 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Clinton .Georges Md. YES NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 920 Stewart La. 166 SOCIAL SECURITY NO. NO OR UNKNOWN IF YES, GIVE WAR OR DATES! Yvonne Roberts Clinton, Md. 2073 None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate couse (a), stating DAS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21f. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death. ,, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Stafford Mem. Park Burial Jan. 25,84 Stafford 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

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should be de with the Stote			LALUKIN X	1) PISC	ATAWAY ROCE	UNTON Ad 2073
		SURIAL, CREMATION, REMOVAL	2-2-84 St	NAME OF CEMETERY OR CREMATORY Paul Episcopa	Baden	county Marylan
5 50M 4/82 15, 4)	24 FI	NAME ROBERT E	. Wilhelm ADDRESS		10:6 1984 ISTR WARES	

Funeral Home

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		FOR		EALTH AND MENTAL HYGIEN	15 4 () 6	
(8p)		REGISTRAR		ER'S CERTIFICATE OF DEA	REG. NO.	
(B)		CEASED NAME FIRST	MIDDLE	LÄST	20. DATE KNOWN AMONTH	OAY YEAR 26 HOUR
2 4 5 8 E		JERM	AINE	YSON COATES	DEATH MATED 1-2	4-84 ₉
ARY, PLE YOUR FILL N72 HOU TON STRE	3. SEX	A RACE S. DA	TE OF BIRTH 6. AGE (IN YEAR	RS IF UNDER 1 YR. IF UNDER 24 HRS.	2c. DATE MONTH	DAY YEAR 24 HOUR
ZZ A	m		2-16-79 4 YR	MONING DATS HOURS MIN	PRONOUNCED 1-2	4-84 ₁₉ 5:13P
on 15	70 B	THPLACE (STATE OR 76 C	ITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	
30	1	harland	USA	MARRIED NEVER MARRIED X WIDOWED DIVORCED		ge's County _{MD.}
ML		heverly	AME OF HOSPITAL, NURSING HOME, ENDT IN SUCH FACILITY GIVE STREET ADDRESS) Prince George's C	OR OTHER INSTITUTION 150 US	UAL DCCUPATION (THE OF WORK	OR INDUSTRY
2	USUA	L RESIDENCE (IF IN NURSING HOME OR OTHER	RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	N) A	Javy	4 2 3 2
6	130. S	nd 13b. COUNTY	P. B. USSEN Ma	13d. INSIDE CITY LIMITS? 13e. STR	50/Swa	nson Rd
11/1	14. FA	THER'S NAME	LE LAST 4	IS. MOTHER'S MAIDEN NAME	MIDDLE	LAST
U	160	AS DECEASED EVER IN U.S. ARMED F	ORCES? TIGO SOCIAL SECURITY	o andful	eta ADDRESS	levens
12	(Y)	S NO. OR UNKNOWN) (IF YES, GIVE WAR OR		Anday et	- A-t- 1	75015 - H
		18 CAUSE OF DEATH (Enter anly one	cause per line far (a), (b), and (c).)	william	a como /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY.	6 1	ot inhalation		DET THE TOTAL AND DEATH
	-	8902 MMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE O			
		Conditions, if ony, which				7.1
		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O	E		
		lying couse lost.		r		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)UTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
£.	NO.					
J	¥	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
	Ĕ					YES NOXX
-	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	
	AL	UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH	3:22PM 1-24-84	caught in housefi		
,	MEDICAL	214 INTURY OCCUPRED	21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
	ME	WHILE NOT WHILE XX	STREET, FACTORY, EARM, ETC.)	11501 Swanson Rd.	"Upper Marlbor	o, Maryland
1		The state of the s	remains described above, held an	Autopsy XX, Inspection .	Inquiry , and in my op	omion
-		death resulted from Natural can	Accurent X, Suice	ide , Hamicide , Undet	ermined manner .	
	1	600	(HT W	TITLE (SPECIFY)		
7	1	SIGNATURE VENTURE	muni	Mund Assistant MED	ICAL EXAMINER DATE	1-25-84
P		WINE WILL STREET				U
		EXAMINER'S NAME Denni	s F. Smyth, M.D.	ADDRESS111 Penn		
	23a.B	PHA CREMATION, RIMOVAL 236. DA	TE 23c. NAME OF CEM	ETERY OR CREMATORY 234 LC	OCATION COU	LATA LASTATE A
	74 FI	INERAL DIRECTOR	30-87 Hills	cust disamate pecun an	registrar 25 registrar's s	IGNATURE .
	1	Im Ponta y Ca	ADDRESS	P. 140 JAN 27	1984 John 9	Coluck
	U	, reservoir	o - com you	15/MK	//	7

Make Block 12-16-77 4 marylond USA Woodle XIT50/ Seronan Fr. Cooker andquete Summe William and English to Contra 1 25 1 months Champelin FA Eminel 1-30-89 Helenat War Person - Chem policy HIV

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME 26. HOUR DAY JAYRE CHERRY ESTI-DEATH MATED -24-849 & AGE (IN YEAR IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD 5:11F -24-849 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME BEING LPES Prince George's Co. Hospital Cheverly 13d. INSIDE CITY LIMITS? FATHER'S NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate couse (a) sturing the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR 3:23R caught in housefire 1-24-84 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 17501 Swanson Rd. COVO TOPper Marlboro.Md. WHILE AT WORK Inspection XX 22a. I certify that I took charge of the remains despribed above, held an Autopsy Inquiry and in my apinion death resulted from Hamicide L Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE 1-25-84 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Dennis F. Smyth TYPE OR PRINT ADDRESS 23c. NAME OF CEMETER 23d LOCATION Lmapo 250. DATE REC'D. BY REGISTRAN 250 REGISTRANS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 20M 4/B2

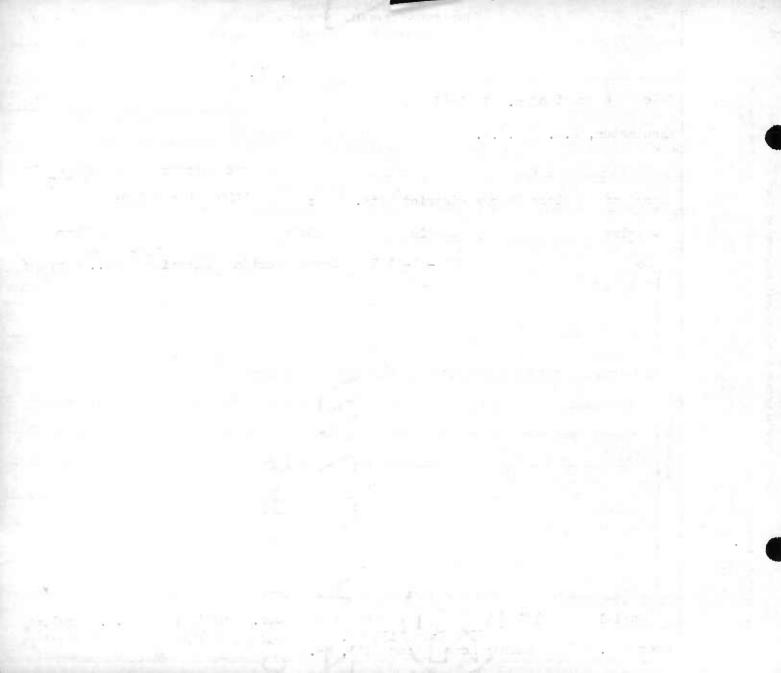
Fam. le Block 4-18-83 Maryland 218 A md AA Manmolton X175501 Second Kol William Contra andquesta Comme antholita center or Same Breach 1-30-84 Helegrant Winterson - amy happed - Gill

	500		E OF MARYLAND		2 3 1 6
0 1	FOR STATE		FEALTH AND MENTAL HYCE	DEATH	2 3 1 0
1. C	REGISTRAR DECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 75 HOUR
	TYPE OR PRINT)	and the same of th	COATES	OF ESTI-	
1.3		DATE OF BIRTH 6. AGE (IN YEA			1-24-84 19 M
Ĺ	1 0 00 4	MONTH DAY YEAR LAST BIRTHDA	Y) MONTHS DAYS HOURS M		1-24-84 19 5:15
0	BIRTHPLACE (STATE OR 7	CITIZEN OF WHAT COUNTRY?	1	I BALTIMORE CITY OF	
1	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geo	rge's County MD
10	CITY OR TOW OF DEATH	I. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION 12	B. USUAL OCCUPATION (TYPE O	OF WORK 126. KIND OF BUSINESS OR INDUSTRY
C	heverly	Prince George's Co	. Hospital	Child	
je:	TATE 13b. COUNTY	13c. CITY OR TOWN		STREET ADDRESS	man Pd
14	FATHER'S NAME	11110	15. MOTHER'S MAIDEN	NAME	The policy
	William	Coates	andar	leta	Quens
60	WAS DECEASED EVER IN U.S. ARME		NO. 17 INFORMANT	ADDRESS	h +
	no -		andre	leta	Coales
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I	one cause per line for (a), (b), ond (c).)	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OGO > IMMEDIATE	$_{CAUSE(o)}$ Smoke and s	oot inhalation		•
2	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE C	OF .		F 113
	gave rise to immediate couse (o) stating the under-	(b)	-		
	lying couse last.	DUE TO, OR AS A CONSEQUENCE C	OF .		
	PART 2 OTHER SIGNIFICANT CONDITIONS CO	TRIRUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1	(6)	
NO			The state of the s	(4)	
ATA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?
CERTIFICATION					YES NOX
CER	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR AND MONTH DAY YEAR	21c. HOW INJURY OCCURRED		RT 1 OR PART 2)
MEDICAL	UNDERLYING XOR CONTRIBUTING CAUSE OF DE			setire	
AFD	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION	D I CITY OF IQWN - MA	ELEGUNIA MA STATE
4	WHILE NOT WHILE AT WORK AT WORK	x home	17501 Swanson	Rd. TY Upper Ma	r coord, mu.
	The second secon	at the remains discribed above, held an	Autapsy , Inspection	X, Inquiry , and	in my opinion
	death resulted Ham Matural	course Codent XX Sui	cide , Homicide ,	Undetermined manner ,	
	ACTUAL ON DALLA	STA Win	LITLE (SPECIFY)		DATE 1 OF 0.4
	SIGNATURE WELLEN	x y mynnin	M.D. Assistant	_MEDICAL EXAMINER	DATE 1-25-84
	EXAMINER'S NAME (TYPE OR PRINT) Denn	is F. Smyto, M.D.	ADDRESS 111 Pen	n Street	
23a	BURIAL, CREMATION, REMOVAL 236			23d LOCATION	(Delta con O
1	Eurial 1.	-30-84 Hills	cust	annapolis	HA MA
24	FUNERAL DIRECTOR	ADDRESS /	250. DATE REC	D. BY REGISTAR 256. REGIS	TRAR'S SIGNATURE
	W" persets	ons - Unnap	Mond 1	AN 2 / 1984	want takely

note Block 5 28.81. 8 Maryland U.S.A. md AA Marinoullia 17751 Survey Ex Cooks anderleton William anderlite centra Smill HARRY HEllert. in Beautism . Um spitalist

		FOR			OF MARYLAND ALTH AND MENTAL HYGIEN	6 4 0	2511
		STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE OF DE	ATH REG. NO.	
		CEASED NAME FIRST		MIDDLE	LAST	2a. DATE KNOWN X	MONTH DAY YEAR 26 HOUR
E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.			NITH	L.	CORBIN SR.	DEATH MATED	1-13-849 M
ON STREE	3. SEX		5. DATE OF BIRTH	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN	PRONOUNCED DEAD	70 11001
1/1/	7a BI	RTHPLACE (STATE OR	76 CITIZEN OF W		MARRIED 🔀 NEVER MARRIED 🗌	9 BALTIMORE CITY OR C	1_13_0/9 7PM M
11	Wa	shington, D.C.	U.S.A.			Prince Coor	cala County MD
N	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME, (ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION 12a. US	Prince Coor UAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	WORK TO KIND OF BUSINESS OR INDUSTRY
N		Strict Hgts.	2014 Oa	kwood Lane		o Painter	Automobile
5	13a. S	TATE 136 COUN		istrict Hgt	13d INSIDE CITY LIMITS? 13e, STE	reet address 20 Oakwood La	20747
1	1	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE	LAST
~		Charles		Corbin	Audrey 17. INFORMANT	ADDRESS	Coffren
1	16a V	VAS DECEASED EVER IN U.S. AF ES, NO, OR UNKNOWN) (IF YES, GIVI NO	(MED FORCES? (WAR OR DATES)	215-64-5167	Doreen Corbin	2020 Oakwoo District H	d Lane Igts., Maryland
	NO	Conditions, if ony, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)	Shotgun would be as a consequence of R as a consequence of But not related to the terminal	L DISEASE DR CONDITION GIVEN IN PART 1 a		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEPARTMENT OF REMOVAL.	CATI	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED?		20. AUTOPSY?
3	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME C	FINJURY 808 YEAR	21c. HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART	YESXX NO
	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 5:15		self/inflicted		
	ME	1111	STREET, FA	CTORY, FARM, ETC.)	2014 Oakwood Lan	e District I	Hgts, MARYLAND
BALTIMORE, MARYLAND, 21201 PRICE	23a.B	220. I certify that I took char	Margari 23b DATE	Accident , Suici	Autopsy X, Inspection , , , , , , , , , , , , , , , , , , ,	Inquiry , ond in itermined manner , , , , , , , , , , , , , , , , , , ,	DATE SIGNED 1-14-84
	24. F	JNERAL DIRECTOR	1/18/84			Suitland Y REGISTION 256 REGISTE	P.G. Maryland
17 E (5))		eorge P. Kalas	Funeral E	60 Oxon Hill Iome Oxon H	ill, Md. JAN 2	0 1984	and which

20M 4/82



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

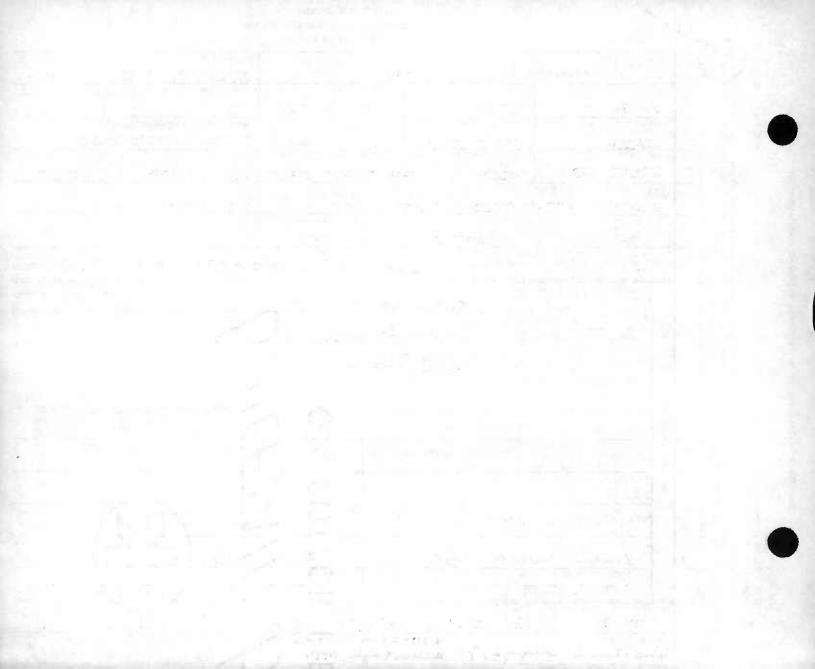
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MONTH DA	YEAR	26 HOUR
1111		CE LORRAINE COPE	LAND		JANUARY 9, 1984		8:30a M
3. SE)	Х	4. RACE	5. DATE C		0. HOE (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	FUNDER I YEAR	IF UNDER 24 HRS
F	emale	BLACK	JULY		48 YRS.	5413	MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	OF DEATH	
	COUNTRY)	UNITED STATES	WIDOWE	_	PRINCE GEORGE'S	COUNTY	MI
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND O	F BUSINESS OF
A	NDREWS AFB	MALCOLM GROW U		EDICAL CENTER	SCHOOL TEACHER		CATION
13a. S	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1	785
	IARYLAND PRIN	CE GEORG LANDOV	ER	YES X NO	3112 MANSON PLAC	E	A 100
14. FA	FIRST	MIDDLE LAST		FIRST	MIDDLE	LAS	T
14 - 14	HARRY WAS DECEASED EVER IN U.S. A	JOHNSON RMED FORCES? 166, SOCIAL SEC	LIBITY NG	INEZ	LEWI ADDRESS	.S	
()		ive war or dates) 424-60-			coe 3112 Manson	n Pl.	Lando
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) Hepator DUE TO, OR AS A CONSEQUE (c) Hepatic	ence of enel S JENCE OF Fail	Syndrome ire	INAL DISEASE OR CONDITION GIVE	N IN PART TO	
FICATION	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	OPERATIO	N WAS PERFORMED	IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH?
CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE				ING CAUSES	NGS USED
	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH		21c. HOW INJURY OCCUR	YES NO YES	ING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (18 EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED	19b. CONDITION FOR WHICH	DAY YEAR		YES NO YES	ING CAUSES	GS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the decoosed glive or	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21b. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, pital) attended the deceased from	DAY YEAR 19 FARM. ETC 1	216. HOW INJURY OCCUR!	YES NO NO IN CERTIFY YES PARED (ENTER NATURE OF INJURY IN ITEM 18, PAR	COUNTY	NGS USED OF DEATH? NO STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the decoosed glive or	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pitol) oftended the deceased from, JAN 9	PAR YEAR 19 FARM, ETC 1 DEC. 84, on	216. HOW INJURY OCCUR!	YES NO NO INCERTIFY YES NO TOWN CITY OR TOWN TO TAN 9 NO TOWN MEDICAL STAFF	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lo
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK A WORK 22a. Certify that (1) (this has sow the deceased alive cobave, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pitol) oftended the deceosed from, IAN 9 19 101) view the body ofter deoth.	PAR YEAR 19 FARM, ETC 1 DEC. 84, on	216. HOW INJURY OCCURI 21f. LOCATION STREET 19 19 83 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [YES NO NO INCERTIFY YES NO TOWN CITY OR TOWN TO TAN 9 NO TOWN MEDICAL STAFF	COUNTY 9 84 , ond from the	NGS USED OF DEATH? NO STATE that (I) (we) la causes stated

BP. DHMH - 16 50M 4/82

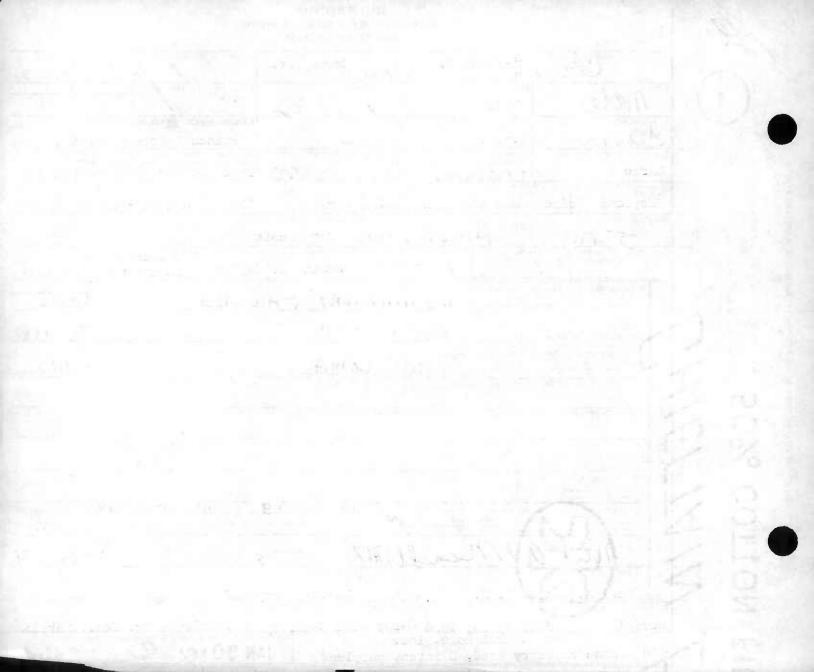
retained by the hospital or attending physician.

(VRA 15, 4)

24. FUNERAL DIRECTOR



STATE OF MARYLAND



Y	FOR			DEPART	STA MENT OF		ARYLAN		YGIENI	E)		0		.3	11
61-	STATE REGISTRAR				EXAMIN					Total d	REG. N	0 2	200	Cap	1.0
1. DE	CEASED NAM	NE FIRST	HIESURE	WIDDLE		**	LAST			O. DATE	(NOWN [DAY	YEAR	2b. HOUR
(17	PE OR PRINT)	Marion	V	irgin	ia	C	umming	gs		OF DEATH	MATED [5/	2_ 19	,09	7-4
3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN Y			IF UNDER		2c. DATE	CED	MONTH	DAY	YEAR	2d. HOUR
The same of	'emale	White	May 12,1	911	72 Y	RS.	DATS	HOURS	936	DEAD	Ja	n. 2,	- 1		10 M
FC	RTHPLACE (S		76. CITIZEN OF W	HAT COUN	TRY?	8. MARRI	ED NE	VER MARRI	ED 🛣	9. BALTIM	ORE CITY	OR COUN	TY OF DE	ATH	
V V	irginia	a	U.S.A.		25/10/10/10	WIDOW		DIVORCE		Princ					MD
			11. NAME OF HOS	ACILITY, GIVE ST	REET ADDRESS)	E, OR OTH	ER INSTITU	TION	FOR M	AL OCCUP	ING LIFE)		OR IN	NDUSTR	Y
	reenbe		7-E Res			ION			Nev	er Em	ploye	d	N/	A	
13a S	ryland	P.G	ITY	13c. CITY	enbel		13d. INSIDE (NO [Rese		Road	2077	0	
14. F	ATHER'S NAM	E	WIDDLE		LAST		IS. MOTH	ER'S MAIDE	N NAME	MI	DDLE		LAS	er e	
	lney		S William	Cumn	ings		Ma				E .		Mil	ls	
16a.	WAS DECEASE YES, NO, OR UNKNI	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		IAL SECURI		17. INFOR		al.			8150			
No		6.2 - 1-5			09-54	13	Glor	ia L.	Cnap	man	Green	belt,			
	PART I D	OF DEATH (Enter on EATH WAS CAUSE	ly one couse per line DBY:	for (o), (b)	The second	16	1.	1	1	. (.			BETWEE	OXMATE N ONSET	AND DEATH
	4	IMMEDIA"	TE CAUSE (o) DUE TO, OR	AS A CON	ISEQUENCE		ura	11-	fine	exe					
18		ons, if ony, which		71071001	1	and.	1	6					1		
13		ise to immediate) stating the under-		AS A CON	SEQUENCE	A SE	1/	2					-		
	lying co	use lost.	(c)		- 0	1									
	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	IED TO THE TERI	WINAL DISEASE	OR CONDITIO	N GIVEN IN PAR	RT 1 (a).						
NO															
CA	19a. DATE O	FOPERATION	19b. CONDI	TION FOR Y	WHICH OPE	RATION W	AS PERFOR	MED?					20. AUT	TOPSY?	
CERTIFICATION	21a EVTEDAL	AL CAUSE WAS	21b. TIME O	E INTILITY		10:	214/ 12/11/5	0.00							NO 🛣
		G OR ING CAUSE OF I		MONTH	DAY YEA	R ZIC. HC	JW INJURY	OCCURRE	D (ENTER N.	ATURE OF INJU	JRY IN ITEM 18	PART I OR PA	RT 2)		
MEDICAL	21d. INJURY	OCCURRED	DEATH P.M		19	21f. LO	CATION			3448					
X	WHILE AT WORK	NOT WHILE D		TORY, FARM, EI			TREET			CITY OR TOW	'N	CO	UNTY		STATE
	AI WORK	AT WORK	- Alan de la companya		. 1 . 1 .										
	deoth result		rol couses ,	Accident		Autop	sy L.J. , Homic	Inspection		Inquiry		nd in my op	onion		
	Geom result	P (Notur	or couses [],	Accident	L, 50	vicide 🔲		PECIFY)	Undete	pained mo	nner [],				
	ACTUAL	SAND	AD	45 S	N		1	1-	MEDI	CAL EYALL	INFP	DATE	Jan	.3,1	984
) "		632 A	nnap	olis	Road,	Suit	e# 1	0	
	(TYPE OR PRI	NAME Said	A. Daee,	M.D.			ADDRESS_	Blader	sbur	g, Ma	rylan	d 207	710		£.,,
23a, B	URIAL, CREMA	TION, REMOVAL 2		-	IAME OF CE				23d. LOC	CATION		COUR	NTY	STA	TE
24.5	Crei		Jan. 4, 1984	4 Ft	. Lin	coln			Bre	ntwoo		P.G.		aryl	and
			H. P.A.	Hvatt	svill	e. Md		250. DATE R	EC'D. BY		256_REG	ISTRAR'S S	IGNATUR	* A	,
1,	descu	2 Doing 1	0410 4 0440	-13 0 (- Fia		UAN	J	1984	1900	mox x	· lan	M	

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. Gren's Sons W.D. D.L. Byotzsville, Md.

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

NAME,

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH		G. NO.	2 5	2 2
u ∾£		CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26. HOUR
dept			LER0		Joseph		NIELS, Sr.	4.105	01 1	15 84	
of the section is	3. SE	Male		RACE Whi	te	S. DATE O	12, DA 1913 YEAR	6. AGE IN YEARS LA	YRS.	MONTHS DAYS	HOURS MIN.
20/1/	7a. B	RTHPLACE (STATE ORFICOUNTRY) Vashington	D.C.	U.S.	WHAT COUNTRY	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	PRINCE	_		UNTY MD.
iled within		ITY OR JOWN OF DEA		(IF NOT IN SU	HOSPITAL, NURSI CHEACILITY, GIVE STREE OSPITAL	T ADDRESS)	MEDICAL CTF	(TYPE OF WORK FOR M	PATION ost of working til ator	FE) INCLUSTRE	OF BUSINESS OR Transit
filled in lould be f	USU 13a.	AL RESIDENCE (IF NURSI STATE Maryland	13b KAPHY	THER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR 410 Po	rpoise	Lane	21140
000000000000000000000000000000000000000	14. F/	Walter	Wa	yson	Daniëls		Addiest	Mae Mide	Lit:	zinger	ST
Poges 1	16a \	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 577 07		17. INFORMANT Helen N. Dar		me as #	13 (Wi	fe)
signed by the attending physici hen please remove carbonoopee to buriol, cremation, ar remavol. jury, ar ather traumatic event, th	NO	Conditions, if any, gave rise to immobuse (a), statimunderlying cause	nediate g the last.	(b)	ORAS A CONSEOU A THE Y	de r uence of o S c	LO YOUSE. NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIV	10 VEN IN PART 1	yeare.
has been the permit. I ene prior ows any in	CERTIFICATION	198 DATE OF OPERAT	ION	196. COND	OITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES	
of or aftending physician NR: After this certificate huse as the burial-transity Health and Mental Hygies is marked or Item 18 should is marked or Item 18 should hygies is marked or Item 18 should have the most education of the most education in the marked or Item 18 should have a mark	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH	AUSE OF DEAT CALEXAMINER)	21e PLACE	OF INJURY .M. MONTH E .M. OF INJURY REET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCUI				STATE
hospita DIRECTC Ched for Dept. of Hem 23		22e.1 certify that saw the decease above, (1) (we) (c) 22b. SIGNATURE	(this hospited alive on _	1-15	19_	12 \$4.0	nd that in (my) (aur) opiniar DEGREE ATTENDING	death occurred an i	STAFF		that W(we) last e causes stated E SIGNED
TO FUNERAL E should be deto with the State E IMPORTANT: #		224. PHYSICIAN'S NA	RA RI	SHI			HYATTSVIL	BELCRE	ST RD 782		
)		BURIAL, CREMATION,			8/1984	Cedar	Hill Cemeter	y Suitel		GCOUNTY ME	aryland
HMH - 16 50M 4/B2	24 P	Tvattevi	ch's	Md. Fu	neral Ho	me, P	A 25q. DA	JE RECID. BY REGIS	RAR 256. REGIS	TRAR'S SIGNA	TURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HTMOA	DAY	YEAR	2h HOUR	

FOR STAT REGI	E STRAR	DEPAR		EALTH AND MENTAL HYG	REG. NO.	he wil the
I. DECEASE		MIDDLE		AST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
(TYPE OR PRIN	SIDNEY		DANIELS	S Gr	01 17	84 d:26PM
3. SEX		4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 H
Male	е	White	Aug.	1, 1903 YEAR	80 YRS.	ONTHS DAYS HOURS N
	ACE (STATE OR FOREIGN	Tb. CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Prince Georges County	
Clin		11. NAME OF HOSPITAL, NURS (HENOT IN SUCH FACILITY, GIVE STRE Outhern Marylar	EET ADDRESS)		120 USUAL OCCUPATION (17 MECHAN 18 OF WORKING LIFE	Seff Employ
Mary	yland Prince	TY 13c CUY OR TO Adel ph		13d. INSIDE CITY LIMITS? YES X NO	13° STREET ADDRESS 2122 Saranac St	reet 20783
Edv		Daniels		15. MOTHER'S MAIDENNA Clara	ME MIDDLE	Taylor
No WAS DE	CEASED EVER IN U.S. ARA OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 577 14		17. INFORMANT Larry E. Dan	iels Same as #13	(Son)
gave caus unde	ditions, if any, which e rise to immediate e (a), stating the erlying cause last.	DUE TO, OR AS A CONSEO	DUENCE OF	2 lent	HAVAL DISEASE OR CONDITION GIVE	N IN PART In
	TIA - I	196 CONDITION FOR WHICE		outo in	IL - Hypol	WERE FINDINGS USED
CERTIFICATION 13 DV	ATE OF OPERATION	THE CONDITION TOR WHILE	CH OFERATIO	NAS PLY ORMED	IN CERTIFY YES	ING CAUSES OF DEATH?
	CCIDENT WAS UNDERLYING DINTRIBUTING CAUSE OF DEAL	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
WHILL AT WO	NJURY OCCURRED E NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E. FARM, ETC)	21f. LOCATION STREET	CITY OR IOWN	COUNTY STAT
50	aw the deceased alive an	al) attended the deceased from	(1.1	nd that in (my) (aur) apinion	death accurred on the date and hour	9 , that (I) (we) and from the causes stated
22b. S	IGNATURE Mef	ge. m.	7		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d. P	HYSICIAN'S NAME ITTE OF	MOST BI	Mer	270. ADDRESS	25 To Brown	nd 202
23a. BURIAL	CREMATION, REMOVAL	- 4 - 4		n's Cemetery	Pad Location Cityor Town Beltsville P.	G. Marylan

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Francis Gasch's Sons Funeral Mome, P.A. Hvattsville. Md.

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(VRA 15, 4)

Hyattsville, Maryland

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	and the Alberta				

Funeral Home

(VRA 15, 4)



Hines Trinaldi Funeral Home Silver Spring, Md.

11800 N.H. Ave.,

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h. HOUR

4:58 P

20770

APPROXIMATE INTERVAL

STATE

Coulter.

COUNTY

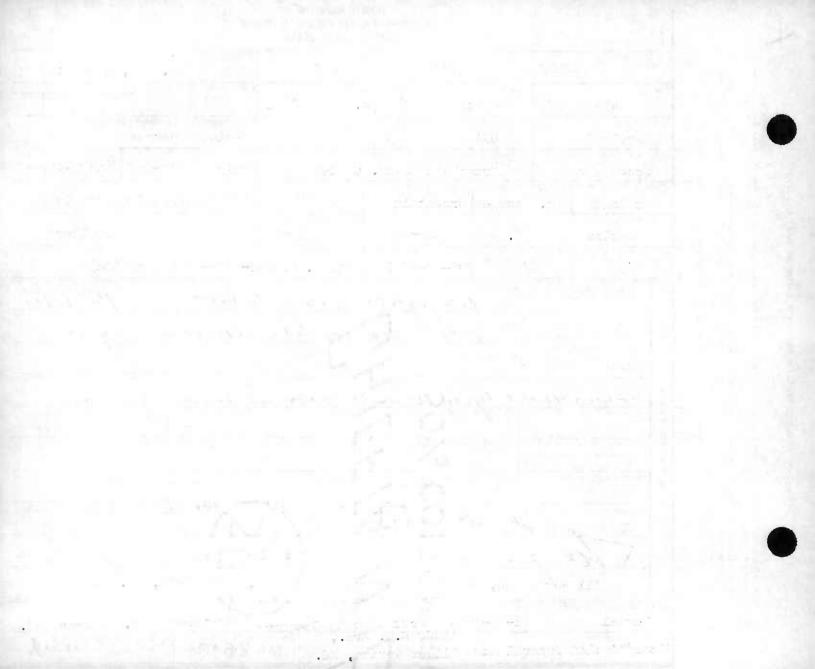
22c. DATE SIGNED

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250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

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IF UNDER 24 HRS.



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20M 4/B2

STATE OF MARYLAND

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STATE OF MARYLAND

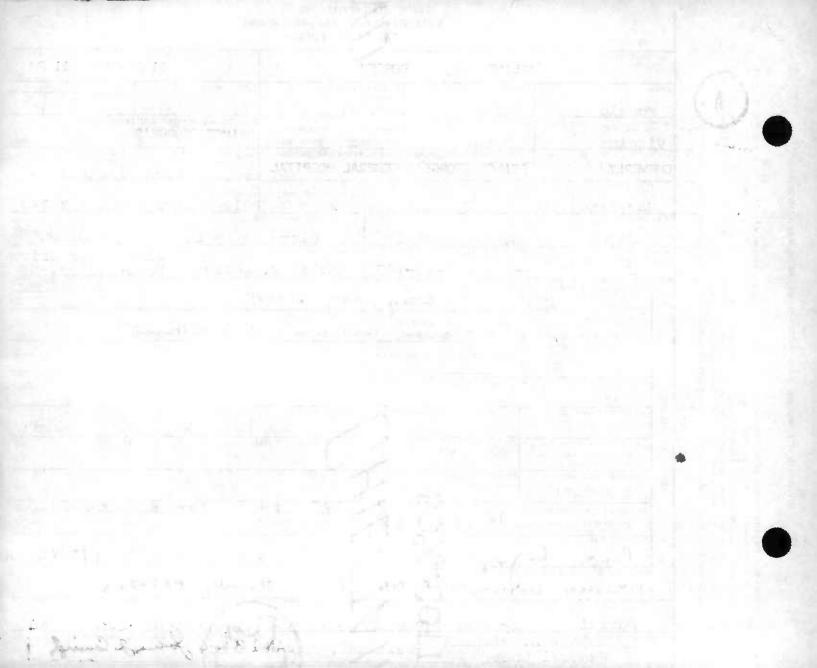
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STATE OF MARYLAND

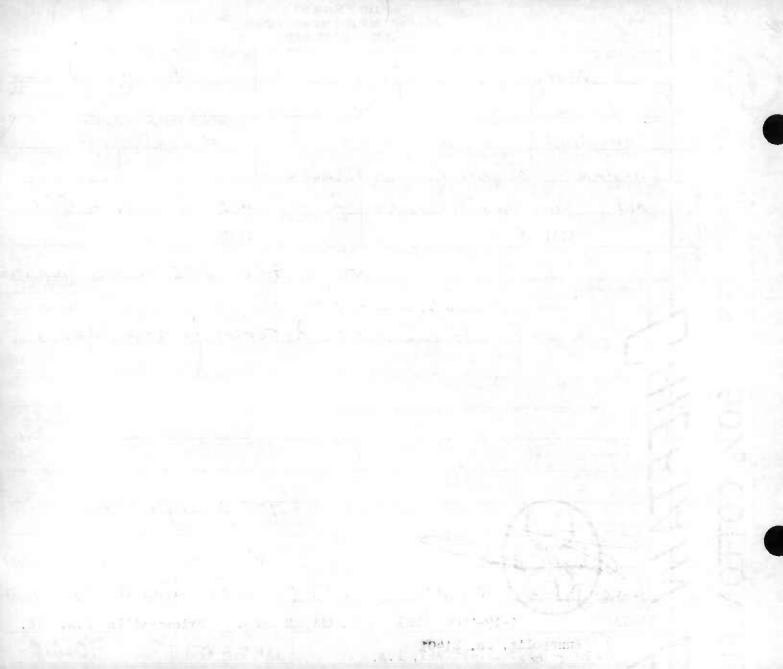
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6		REGISTRAR		PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	REG, NO.	
poge 3 r death	TYPE	OR PRINT) Hann	ah Cleland	De30,	January 25	1984 5:14/
ector, p	3. SE	Female	Caucasian	5. DATE OF BIRTH TO MAY MAY 24 18	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
in 72 hou		RTHPLACE (STATE OR FOREIGHOUNTRY) Illinois	U.S.A.	MARRIED NEVER MARR	D=====================================	
filed with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIV DOCTORS HO	NURSING HOME OR OTHER INSTITUT /E STREET ADDRESS) SPITAL of P.G. CO	ION 128 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORK IN HOUSEWILE)	12b. KIND OF BUSINESS O INDUSTRY
filled in auld be	USU. 13a. S	AL RESIDENCE (IF NURS -) HE TATE Md •	COUNTY 13c. CITY C		1 22000 35 1	
1 and 2 sh	14. F/	THER'S NAME FIRST John	Cle	15. MOTHER'S MA	izzie	20705 Gallagher
Pages 1		VAS DECEASED EVER IN U. VES NO OR UNKNOWN) (JE Y		17. INFORMANT Hersc	hel W.Dodd (Son)	
physicic anpapers emaval. event, the		PART I. DEATH WAS C	iter only one couse per line for (o), AUSED BY: EDIATE CAUSE (o)	(b), and (c).)	(Son)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remove corbi		Conditions, if any, whingove rise to immedia couse (a), stating the	he DUE TO, OR AS A COM	USEQUENCE OF	DISTERSE	Doips
Then please r ta burial, c injury, ar atl	NOI		(c) (c)		THE TERMINAL DISEASE OR CONDITION	
it permit.	CERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WAS PERFORME	D 200 AUTOPSY? 206. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
certificate h riol-transit p ental Hygier frem 18 sha		210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A.M. MON	TH DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART ?)
s the bu h and Morked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY TAT HOME, STREET, PACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
- 0 - 0	1-9	220.1 certify that (I) (this	hospital) attended the deceased ive an	from	opinion death occurred on the date and	, 19, that (ii (we) lo hour and from the causes stated
for use of Heal	144	obove. (I) (we) (sid) (e	did not) view the body after death			
RAL DIRECTOR. A detached far use tate Dept. of Heal		126. SIGNATURE	W	DEGREE ATTEN	NDING STAFF	1-25 84
I O FUNEKAL DIRECTOR: Should be detached for use with the State Dept. of Heal MPORTANT: If them 21 is m		OBOVE, (I) (WE) MICH (C	(TYRE OR PRINT)	DEGREE	ICIAN DIRECTOR PHYSICIAN	18 26-1

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7	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 5 3 3
er death		CEASED NAME FIRST OR PRINT) March	WIDDLE	Dorsey	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 2416.84 2AM
ofte	3. SE	Temale	Black	5. DATE OF BIRTH/ MONTH DAY YEAR MAY 10 90	6. AGE (IN YEARS LAST BIRTHDAY) 93 YRS.	# UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
123		Maryland	L CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince 9	eorge MD
17 90	1	ANHAM /	(IF NOT IN SUCH FACILITY, GIVE STREE	leus Nurseus Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
33		AL RESIDENCE (IF NURSING HOME OR O STATE 138, COUNT Md Quyer (THER'S NAME	A 110	4	13e STREET ADDRESS 402-C Baston	Halits Circle
021		UNKNOW		FIRST	UNKNOWN ADDRESS	LAST
ers. Pages	1		WAR OR DATES)	Barbara A	shby R++2 Box	145 Angel
r signed by the attending physici Then please remove carbon paper to burial, crematian, ar remaval. njury, ar ather traumatic event,	NO	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU (b) TEN E DUE TO, OR AS A CONSEOU (c)	valized Art.	eriosclerosi	
ows ony	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{T} \)
rial-transit		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
orked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
ched for use Dept. of Heal	7	22a.1 certify that (I) (this hospito saw the deceased alive pn above (I) (we) believed as	ol) attended the deceased from	DEGREE ATTENDING	n death occurred an the date and ha	pur and from the causes stated 22c. DATE SIGNED
should be deto with the State IMPORTANT: H	220 (22d PHORIAN S NAME, LIPEON LEON R. LE SURIAL, CREMATION, REMOVAL	vitsky M.D. Vitsky M.D. 173b. DATE	PHYSICIAN 220. ADDRESS 3 408 RL NAME OF CEMETERY OF CREMATOR	de Ts/und Ave.	Mt. Rainier, M
/	1	BURTAL	1-19-1984 UI	VION MEM. CHURCH C	EME. Davidsonvi	
6 50M 4/82 (15, 4)	24. h	INERAL DIRECTOR Annapol	is Md 21404ss MORTUARY,	P.A. 114	N 2 5 1984 Ze	2 Cohill



		OR			ST DEPARTMENT C		MARYLAND H AND MEN	TAL HYGIEN	E 64	3 2	3	4
1		STATE REGISTRAR		MEI	DICAL EXAM	INER'S	CERTIFICA	TE OF DEA	TH REG. N	10.		
88 87 85 85 F.	(TYPE	CEASED NAME OR PRINT)	FIRST Eutel	lia	Timmon	1	Douglas		20. DATE KNOWN OF ESTI- DEATH MATED	- 105	YEAR 19 84	2b. HOUR
Y, PLEA IRECTO UR FILE V2 HOUI	3. SEX	male	4 RACE Black	5. DATE OF BIRTH MONTH DAY Aug. 26,	YEAR 1924 59	YEARS IF U	NDER 1 YR. IF	UNDER 24 HRS.	PRONOUNCED DE AD	1/27	YEAR 19 84	9:50
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER BEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE 5 FOR YOUR FILES. AFIER DEAGE 3 SHOULD BE DUED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFIER DEPARAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7a. BII	RTHPLACE IST	ATE OR	76. CITIZEN OF WE		8 MARE	RIED NEVER	R MARRIED	9 BALTIMORE CITY Prince G		DEATH	MD.
CLAY IS NO THE FL PAGE 5 PE FILED,	10. CI	illum	OF DEATH	JIE NOT IN SUCH FA	PITAL, NURSING HO	SS)			JAL OCCUPATION (TO MOST OF WORKING LIFE) OOL TEACHE	PE OF WORK 12h K	ND OF BUSTR	SINESS
21201 AND 31 AND 31 RETAIN HOULD E	USUA 13a. SI Ma		13b. COUN	or other institution, gir uty e Georges	PERESIDENCE BEFORE ADA 131. CITY OR TOW Chillum	N		NO □ 560	EET ADDRESS 2 Chillum		#102 Drive	,
BALTIMORE, MD: 81201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TITH FORM PM 3, RETA PAGES 1 AND 2 SHOUL WISION DEVITAL RECOL	I4. FA	THER'S NAME	D	eLeon	Timmons		Rosa	S MAIDEN NAME	B.		immons	
ALTIMO AFTER D SIVE PAGES 1.	16a. V	VAS DECEASEI	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	250-28-3		Luncii	nda Denn	is (Sis.) $_{Wa}^{ imes}$	06-7th I shington	Place, n, D.C	N.W.
HOURS M 1B. G MG WIT RAMIT. P. ENE, DIV		18 CAUSE O PART I DE	ATLIBUTE CALLE	nly one couse per line ED BY: ATE CAUSE (o) AC							APPROXIMATE TWEEN ONSET	INTERVAL
PRESTON ITHIN 24 H CIL IN ITEM NER ALON ANSIT PER AL HYGIEN REMOVAL	8		ns, if ony, which	DUE TO, OR	as a consequent	CE OF					Year	6
201 W. UTED W. IN PENG. EXAMINE RIAL-TR. D MENT.			stating the under		AS A CONSEQUEN	CE OF						
RECORDS, LD BE EXECT MEDICAL AS A BUR MEDICAL AS A BUR MEDICAL CREMATION CREMATI	NO	PART 2 OTHER SI		None	BUT NOT RELATED TO THE	TERMINAL OISEA	ISE OR CONDITION GI	IVEN IN PART 1 g				
TAL REHOULD HOULD VEED A USED	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH O	PERATION	WAS PERFORME	D?		20	AUTOPSY?	NO 🛣
DIVISION OF VITAL S CERTIFICATE SHOUL RITING THE WORD." RDED TO THE CHIEF ER 3 SHOULD BE USE E OFFARRANT OF H OI PROR TO BURRAL	AL CERT	21 a. EXTERNA	AL CAUSE WAS OR NG CAUSE OF		MONTH DAY Y	EAR	HOW INJURY OF	CCURRED (ENTER	NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)		
DIVISION HIS CERTING WRITING WARTING ARD 1 AGE 3 SHATE DEPARTED FREE TO 1201 PREF	MEDICAL	214 INJURY C		21e PLACE (STREET, FAC	OF INJURY (AT HOM FORY, FARM, ETC.)	E. 211 L	OCATION STREET		CITY OR TOWN	COUNTY		STATE
INER: THE STAND, 2		22a. I certi	,	ge of the remains des	cribed obove, held o	n Auto	psy . Ir	nspection X ,	Inquiry , c	and in my opinion		
AL DIRECTIFICATION WITH, WITH		ACTUAL SIGNATURE	7	es 80	100		TITLE (SPEC	CIFY)		DATE SIGNED	1/27/	84
AEDICA ECUTE TI- GGE 4 SH FUNER/ LTIMORE		EXAMPLED S	NAME Joh	n S. Roger	rs, M.D.		19	919 Semi	nary Road ring, Mont		Md.	
BP	E	ürial ·		, 1984	Northy	riew Co	or crematory emetery	Fl	ortence So.		ıa	ATE
DHMH-17 (VR A15 ME (5))	24. F	UNERAL DIREC	Williams	,4804 Galess	Ave., N.W.	,Mash	.,D.C.	EB 03	1984 States	GISTRAR'S SIGN.	ATURE	

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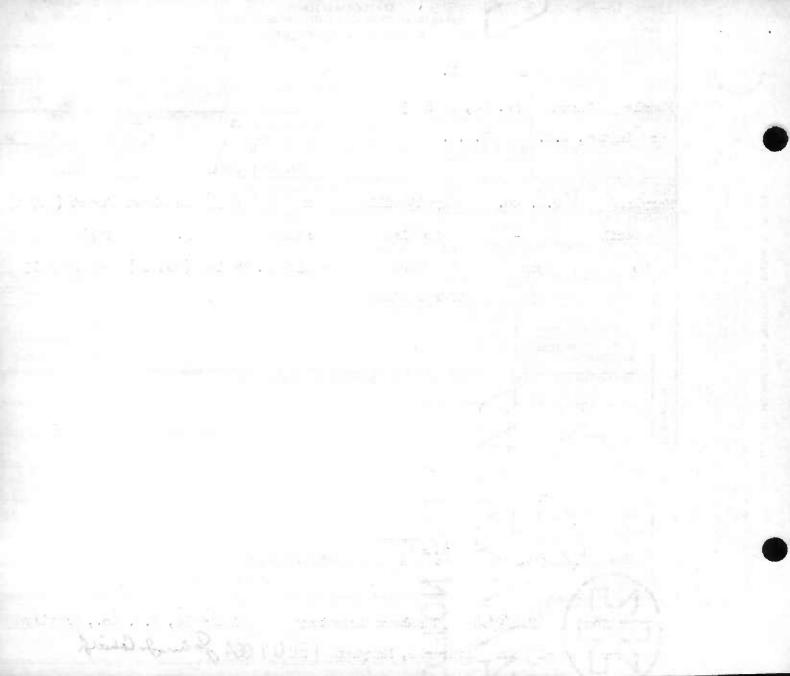
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Adams F.H. PA Aquasco Maryland 20608

(VRA 15, 4)

T. D. Hanningering C. T. Seci Tues 10 US . Trobis eyel byanes Soll-SS-87 of Burrell lebet Forest Elli dardes ulfruca Migme with aquesco hargland 20008

= STATE REGISTRAR			MEDICALI	EXAMINE	R'S CERTIFIC	CATE OF D	EATH	REG. NO			
1. DECEASED NA/	AE FIRST		MIDDLE		LAST		.2a. DATE OF	KNOWN X	MONTH	DAY YE	AR 2b. HOUR
(TIPE OK PRINT)	Maked	la	M.		Douglas	S		ESTI- X	1	28 198	
3. SEX	4. RACE	5. DATE OF BIE	RTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HI	RS. 2c DAT		MONTH	DAY YE	2d. HOUR 12:35 4 A M
Female	Black	Jan. 21	+, 1981	3 YRS.	MONTHS DAYS	HOURS MIN	DEA		1	28 198	4 - a M
7a. BIRTHPLACE		76 CITIZEN O	F WHAT COUN	TRY?	MARRIED NEV	VER MARRIED	9. BALTI	MORE CITY O	COUN	TY OF DEATH	
Washing	ton, D.C.	U.	S.A.	\	VIDOWED	DIVORCED [□ Pri:	nce Geo			
. CITY OR TOW	OF DEATH		HOSPITAL, NUI		R OTHER INSTITUT		USUAL OCC	UPATION (TYPE	OF WORK	12h KIND OF OR INDU	F BUSINESS USTRY
Cheve		Prin	nce Geor	rge's Ge	eneral Ho		None			None	
ISUAL RESIDENC	E (IF IN NURSING HOME O			DEFORE ADMISSION	13d. INSIDE CI	TY LIMITS? 13e	STREET ADD	RESS			
Maryland	P.G.		Hya	ttsville				icholso	n St	reet (20782)
14. FATHER'S NAM	NE .	MIDDLE		LAST		R'S MAIDEN NA		MIDDLE		LAST	
Ceci	1	-	Do	uglas	Kat	rina		L.	T	aylor	
160 WAS DECEAS	ED EVER IN U.S. ARA	AED FORCES?	16b. SOC	IAL SECURITY N				ADDRESS			
No	Nor			None	Katri	na L. T	avlor	(Mother) Sa	me as	# 13
18 CAUSE	OF DEATH (Enter anl	y ane couse per	line far (o), (b)	, and (c).)	-					APPROXI	MATE INTERVAL
PARTIL	DEATH WAS CAUSED	BY: E CAUSE (o)	Undet	ermined						DETWEEN	JIII NIIO OCAIII
179	19 INVIEDIAL		OR AS A CON	ISEQUENCE OF							
	ons, if ony, which	(b)									
couse (rise to immediate o) stating the <u>under-</u>		OR AS A CON	SEQUENCE OF							
lying co	ouse lost.	(4)									
PART 2 OTHER	SIGNIFICANT CONDITIONS (CONTRIBUTING TO O	EATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART 1 (d)					
NO											
WEDGE CATEGORY OF THE CATEGORY	F OPERATION	196 CO	NDITION FOR	WHICH OPERAT	ION WAS PERFOR	MED?				20 AUTOR	PSY?
J.F.C		1								YES [ON K
21a EXTERN	IAL CAUSE WAS		E OF INJURY		21c. HOW INJURY	OCCURRED (EN	ITER NATURE OF	NJURY IN ITEM 18 P.	ART I OR PA		
UNDERLYIN	IG OR		A.M. MONTH P.M.	DAY YEAR							
21d. INJURY	OCCURRED	21e. PLA	CE OF INJURY	(AT HOME,	21f. LOCATION						
WHILE AT WORK	NOT WHILE	17864	FACTORY, FARM, E	fc.)	STREET		CITY OR T	OWN	CO	VINITY	STATE
	1				V-1		1				
220 I ce	tify that I sok charge	e of the remoins	0 1		Autopsy X	Inspection	, Inquir	(OF)	d in my op	noinig	
death resu	Ited from Natur	ol couses	Accident	L.J.) Suicie			determined r	nonner 🔼 ,			
ACTUAL	LXI	m &	1411	LI.	TITLE (S				DATE	1/0	0/04
SIGNATUR		olivery	1/100	10	M. Deput	y Chief,	AEDICAL EXA	MINER	SIGNE	ED 1/2	8/84
EXAMINER'	S NAME T	THOMAS I	O. SMIT	H, M.D.	ADDRESS_	111 1	Penn S	t, Ba	lto,	Md	
230. BURIAL, CREM	ATION, REMOVAL 2	3b. DATE	23c. N	AME OF CEME	TERY OR CREMATO	ORY 236	LOCATION CITY OF TOWN		cour	INTY	STATE
Cremat	ion I	Feb/2/81	+ Ch	ambers (Crematory	R		le, P.G			
24 FUNERAL DIRI			DRESS			250. DATE REC'D				SIGNATURE	ga .
	s Funeral	Home 1	Riverda	le, Mar	vland FE	BO7198	34 /0	and	He	ery.	



1-	STATE REGISTRAR	MEDICAL	EXAMINER'S C	ERTIFICATE O		REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT) John	Clark	Dunr	nore, Jr.	20. DATE K OF DEATH	NOWN MONTH ESTI- MATED 1	22 19 84 M
M M	lale White	Dec. 25, 1919	6. AGE (IN YEARS IF UNI	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNI DEAD	CED DOA 1	22 19 84 1:20 a M
	BIRTHPLACE (STATEOR PENNSYI vania	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRI	ED Dani	nce George	
14 c	CITY OR TOWN OF DEATH	IL NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Prince George	reet address)			ALION (TYPE OF WORK INCLIFE) t Operator	12b KIND OF BUSINESS OR INDUSTRY Devault Co.
USL	UAL RESIDENCE (IF IN NURSING HOME OF STATE Ches	TY 130 CITY	BEFORE ADMISSION)		13e STREET ADDRES	ss ginia Ave n	ue 19460
14.1	FATHER'S NAME John Cla		re, Sr.	15. MOTHER'S MAIDE FIRST Sarah	MI	Latsha	
3 160	WAS DECEASED EVER IN U.S. ARI (YES NO. OR UNKNOWN) I IF YES GIVE	(2274 0 20 0 1111	16 3352	Eloise P.	Dunmore	403REVirgin Phoenixvil	ia Avenue le, Pa. 19460
PRIOR TO BORNI, CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERATION		NTEO TO THE TERMINAL DISEASE		PT 1 (a.)		20 AUTOPSY?
MEDICAL CERTIF		21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY STREET, FACTORY, FARM, 8	DAY YEAR 19 (AT HOME, 21f LOC		D LENTER NATURE OF INJU CITY OR TOW	URY IN ITEM 18 PART 1 OR PAR	
7	220. I certify that I took charged death resulted from. Notus ACTUAL SIGNATURE	e of the remains described aboral causes X, Accident	ove, held on Autops , Suicide , MD	Homicide TITLE (SPECIFY) Deputy	Undetermined mai	nner .	₀ 1/22/1984
23a.	(TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 2 BURIAL	3h DATE 238	NAME OF CEMETERY OF At. Ann's C	CREMATORY	23d LOCATION CITY OR TOWN Phoenixv		ITY STATE
			The second secon	U			

to the . . . COLUMN THE PROPERTY OF . L. . S interference total days. a disput telephone description there are exceed again. PARRIE Dannier niel-19 COL TENERS . T. CONTRACT DOMESTIC AND AND INTERNATIONAL PROPERTY OF THE PARTY OF T the doubt there are the results the best of ig." (even) ferrogas ago letterostifetennes Electric 27 ... Attack and bootens of the Press

			STATE OF MARYLAND		20 - 7 -
1	FOR	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE 44	0 6 0 0 0
1.	REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG.	NO.
1. DI	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN	
(1)	PEORPRINT) Stev	en James	Dunn	OF ESTI- DEATH MATED	
. SE		IS DATE OF BIRTH 6 AGE		DER 24 HRS. 2c. DATE	- 1/0/04 17
- 34	Wale White	MONTH DAY YEAR LAST B	RTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR 4:50
	riate	0 10 100	3YRS.	DEAD	1/8/84 19 P M
/o. E	SIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MA	RRIED . 9. BALTIMORE CIT	Y OR COUNTY OF DEATH
	mo.	U.S.A.	WIDOWED DIVO	RCED Prince C	George's County MD
1 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR	ECC	12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
0	Lanham	Doctor's Hospita	1	U.S. Marine	
SU		AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	MISSION)		2-Mil
30.	STATE 13b. CO	13, GITY OR TOV	VILLE YES X NO	13e. STREET ADDRESS	6 piredo 189
ŧ.	ATHER'S NAME	G HYSTIIS	15. MOTHER'S MA	IDEN NAME	700
	1. Z***	1 MOPLE 1 ST	FIRST I	MIDDLE	PLAST 11.
1	PAS DECEASED EVER IN THE	ARMED FORCES? 166 SOCIAL SEC	U CUEIGI	ADDRE	12/19
C	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O		200 2 100	CA	. 11 .2
	1es 197	8->85 219-78	1456 Tree Du	NN CSOME	AST ()
	18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	NATE CAUSE (a) Acute car	bon monoxide in	toxication	
	9520	DUE TO, OR AS A CONSEQUEN	NCE OF		
1 2	Conditions, if any, wh				
	gave rise to immedia		ICE OF		
	lying cause lost.				
	BART 2 DINER CICNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE	TENNINA DISTANCE DE COMPUNION COMPUNION		
z	PART Z STREE SIGNIFICANT CONULTY	THE CONTRIBUTING OF OF ALL BUT NOT RELATED TO THE	TERMINAL DISEASE BY CONDITION GIVEN IN	PART 1 (g)	
10	19e, DATE OF OPERATION	In sometime is a survey of	2050 - 710 - 110 - 1110		
S	198. DATE OF OPERATION	196. CONDITION FOR WHICH C	DPERATION WAS PERFORMED?		20. AUTOPSY?
TIF					YES NOX
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR	116. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
CAL	CONTRIBUTING CAUSE C	1 2 1/0/04		led exhaust fro	om auto
EDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HON		CITY OR TOWN	
Z	WHILE AT WORK	Car			hAve. & Calvert Rd.
					attsville, Md.
	228 I certify that I taok ch	orge of the remains described above, held	1 / 00000	tion X, Inquiry 114	and in my apinian
	death resulted from	mind courses . (Accident	Suicide X Hamicide	Undetermined manner	<u>.</u>
	1	11195	TITLE (SPECIFY)		
0	SIGNATURE /	1 Thay / Mix	M.Depty Ch	ief MEDICAL EXAMINER	DATE SIGNED 1/9/84
/	X (0	1		
	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Smith,	M.D. ADDRESS 11	l Penn St., Bal	to., Md. 21201
23 o. l	BURIAL CREMATION REMOVA		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	
	Burial	- 11	Vet's Cemetery	Cheltenham	P.G. Md.
	FUNERAL DIRECTOR				EGISTRAR'S SIGNATURE
	NAME	F.H. 9013 Annapolis	emiliant rice	h.	0 0
	Hare S Damign	r.u. AOTO WILLS	nu.	17 1001	x cancely

1993 The Hypothesille & the Call field grant shows that when

Bowie, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

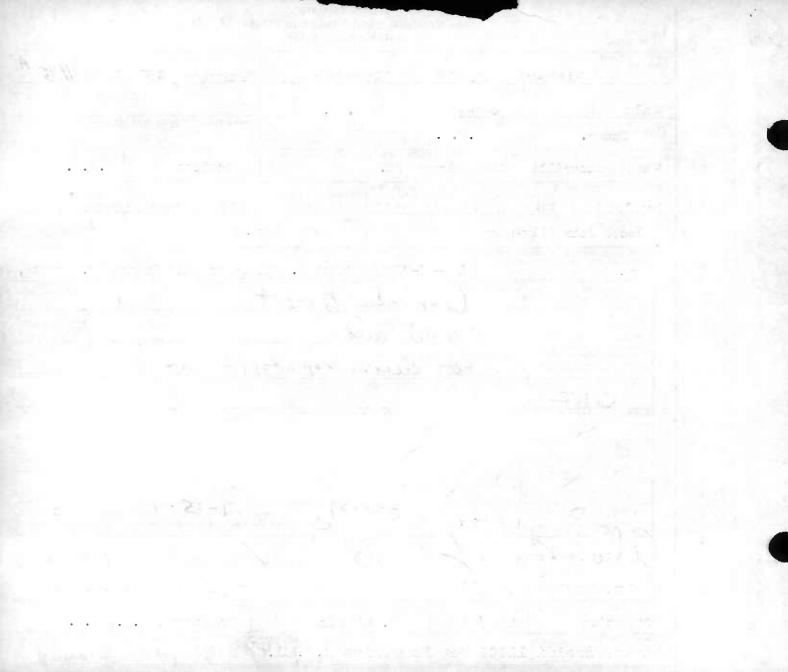
FOR STATE

(VRA 15, 4)

Beall Funeral Hom

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ik		FOR STATE				AND WENTAL H		W 60	013
		REGISTRAR	ME	DICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH R	EG. NO.	
1		EASED NAME FIRST		MIDDLE		AST	20. DATE KNO		DAY YEAR 26, HOUR
W .:	(TYP	OR PRINT)		Penni	8	1 201	OF EST DEATH MAT	ED TITS	21 1084 18
TOR TOR	3. SEX	4. RACE	DATE OF BIRTH	6. AGE (IN)	FARS LIF LINI	DER 1 YR. IF UNDER 2		MONTH	DAY YEAR 24 HOLIR
STI STI	. 027	~ ,	MONTH DAY	YEAR LAST BIRTH			MIN PRONOUNCED	- 0	00115
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SS	7a. BI		6. CITIZEN OF W	HAT COUNTRY!	8. MARRIE	D NEVER MARRIE	D BALTIMORE	CITY OR COUNT	Y OF DEATH
922	1//	ARYLAND	05	A	WIDOW	DIVORCE	o - Vine	c. (+ C	e) Yger MD.
655671	10. CI				AE, OR OTHE	R INSTITUTION		N (TYPE OF WORK	
是 是是	1 /	100000	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS	47 5	= 1	. /	- 12	HOIM E
DE SON	USUA		THER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SION		MUUSEW	17-6	
AND RELA		ATA / MIL COUNTY	1	13c. CITY OR TOWN	,	A-14		14	5420707
# ASBER	-	CIPA M. E. S	Geove	(214)	/e/			0 100	
MAN TANK	14. FA		MIDDLE -	LAST		15. MOTHER'S MAIDER	NAME MIDDLE	/	LAST
E AND NO	16		FAI	BALL		OLIVIA	FEAR C	LEAT	HERWOOD
S SSEA	16a. V	AS DECEASED EVER IN U.S. ARME		T6b. SOCIAL SECUR	TY NO.	17 INFORMANT	AD	DRESS 627	HILLTOP DR.
E E E E E E E E E E E E E E E E E E E	The Birthplace Islands The Birthplace Islands The Citizen of Winar Country The Married Never Married Ne	GALAND MA							
		IN CAUSE OF DEATH (Enter only	ana coura par line			11110200	- CCDCA	LUMB	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED E	Y:	(c).)	1 -	As w	ord vd)	1 D.	BETWEEN ONSET AND DEATH
VALUE OF THE ON	1	IMMEDIATE		YOU	0	100	, 00.0.		}
SIT AND WORK		1	DUE TO, OR	AS A CONSEQUENCE	OF	MI	/ . 1	17	10-
A NEGLETA	-	gove rise to immediate	(b)	- NO W	-101	rvyoce	10191	1/15	Y
OF THE W	1		DUE TO, OR	AS A CONSEQUENCE	OF				
S S S S S S S S S S S S S S S S S S S		lying could lost.	(c)						
AATI AATI AATI AATI AATI AATI AATI AATI		PART 2 OTHER SIGNIFICANT CONDITIONS CO	TRIBUTING TO GEATH	BUT NOT RELATED TO THE TEL	RMINAL DISEASE	OR CONDITION GIVEN IN PAR	TTa		
SAA SIGNER	Z	/// 1m	0,						
A GEA A RENE	1 5			TION FOR WHICH OPE	RATION WA	AS PERFORMED?			70 AUTOPSY?
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P P P P P P P P P P P P P P P P P P P		_				W INJURY OCCURRED	(ENTER MATURE OF INJURY IN	IIEM IS PART I OR PAR	12)
S FFCDFS	3	CONTRIBUTING CAUSE OF DE	ATH P.N	١. 19					
VISION VI	G						CITY OR TOWN	CON	INTY STATE
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STA STA	}						Inquiry [
M S S S E S		220 I certify that I took charge	of the remains de		Autops		, ,	ond in my opi	inion
EXAMINES CERTIFICA JUD BE FO DIRECTOR WARYLAND		death resulted from: Notural	couses	Accident L.,	ovicide,	Homicide	Undetermined monner	<i>.</i>	
WAR WAR		ACTUAL A	-	21		TITLE (SPECIFY)		DATE	111002
32545	1/	SIGNATURE	7	7/ 00	M.	D. 10 pi	MEDICAL EXAMINER	SIGNE	202/1284
SEE SEE SEE	1-	EXAMINER'S NAME	. 0	8	>	0			
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4. SHOULD BE FOR TO A SHOULD BE FOR THE APPENDENT WITH THE SHOULD BE SHITT MORE AMENTAND.		TYPE OR PRINT) JOH	N M	16ERS		ADDRESS			
DAY DAY OF A		URIAL, CREMATION, REMOVAL 236	DATE	23c. NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY STATE
BP	1 7	BURIAL J.	AN 25	1904/11	1410	i Cam.	LAUREC	1	11)
	24, F	UNERAL DIRECTOR	1	/ / / /	DUR	25a. DATER	EC'D. BY REGISTRAR 25	B. REGISTRAR'S SI	GNATURE
DHMH - 17 (VR A15 ME (5))	1	NAME TO A STANK FULL	NERAL	//	140,00	À	. 0		
15M 2/80	1	ONALDSON FU	NONTIC	HOME	m	- UAN 2	1984 X	A 60	à d



FRANCIS J. COLLINS

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

DAUGHTER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

LAW FIRM

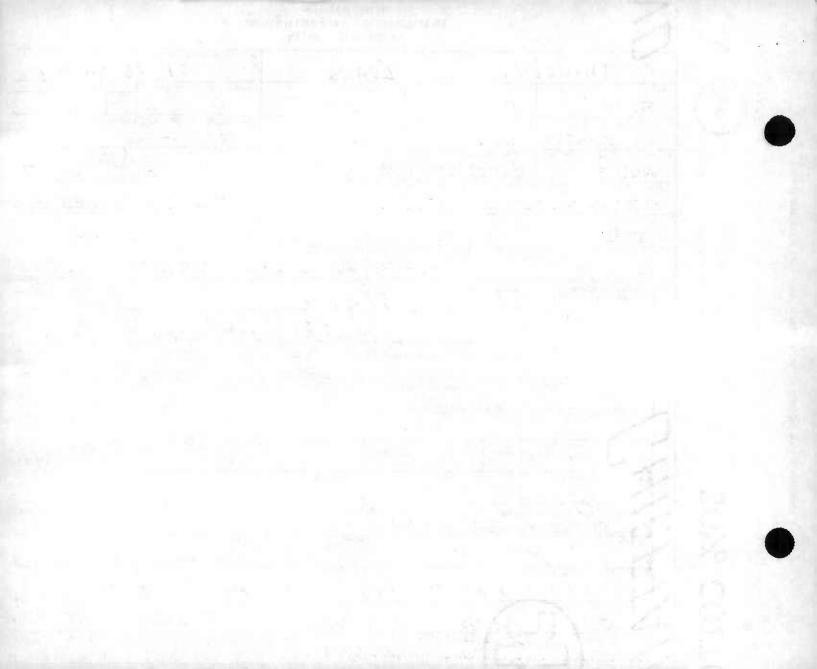
IF UNDER I YEAR

DOUGHERTY

COUNTY

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

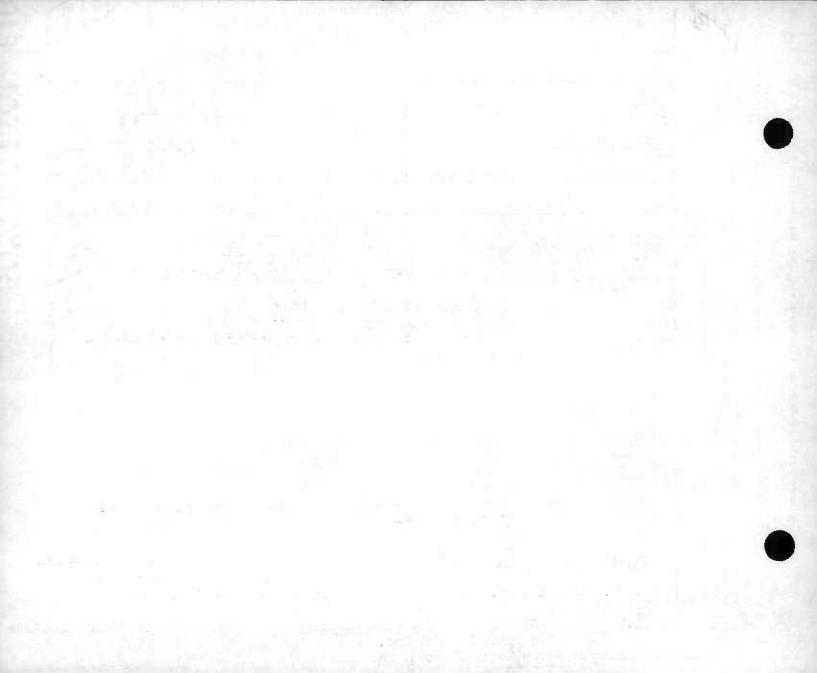
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1						FMARYLAND	50		10	C d d
2.2		FOR STATE			DEPARTMENT OF HEA			erg (de Com	
	- 1	REGISTRAR		WEL	DICAL EXAMINER	CERTIFICATE		REG. NO.		
35 35		CEASED NAME OR PRINT)	1/cc	0	MIDDLE	LAST	0	TE KNOWN F F ESTI- TH MATED []	MONTH DA	- 1
7	SEX	14. RAC		6 S. DATE OF BIRTH	6. AGE (IN YEARS)	UNDER 1 YR. IF UNDE		ATE	MONTH DA	1984 M AY YEAR 2d HOUR
	E	make W	hite	Sept. 4		ONTHS DAYS HOURS	MIN PRON	DUNCED EAD	- 15	19 84 18AM
AAT	7a BII	THPLACE (STATE OR		76. CITIZEN OF WH	AT COUNTRY? 8. M.	RRIED NEVER MAR	RIED 7 BAL	TIMORE CITY OF	COUNTYO	FDEATH
1	Ma	aryland		U.S.A.	WIE	OWED DIVOR		Prince C		MD.
CIL.	Ft.	VORTOWN OF DEA		11. NAME OF HOS 16 06 A	PITAL, NURSING HOME, OR CHITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12e USUAL OC FOR MOST OF Housew	CUPATION (TYPE) WORKING LIFE)	OF WORK 12b	OR INDUSTRY
25	USUA	L RESIDENCE (IF IN NUI	RSING HOME OR	OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION)					20744
	Ma:	ryland	Prince	George	Ft. Washingto	13d. INSIDE CITY LIMITS? YES NO	7606 A	atham Av	renue	20144
/	14. FA	THER'S NAME FIRST		MIDDLE	LAST	15. MOTHER'S MAIL FIRST	DEN NAME	MIDDLE		LAST
A		Archie	116		Pickeral	Lillie	9		Pi	ckeral
T		AS DECEASED EVER	IN U.S. ARM		166. SOCIAL SECURITY NO	17. INFORMANT		7606 La	tham A	ve.
1		No			213-56-6171	Virginia	D. Bown	Ft. Was	shingto	on, Md.
		Conditions, if a gove rise ta couse (a) stating lying cause last.	immediate the <u>under</u> -	(b) DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D	CELSE DE CAMPILLAN CHIEF III	AARY 1			
23	N	PART 2 OTHER SIGNIFICAN	COMBITIONS	UNTRIBUTING TO DEATH I	BUT NUT RELATED TO THE TERMINAL D	EASE OR CONDITION GIVEN IN I	PART 1 a.			
2	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	TION FOR WHICH OPERATIO	WAS PERFORMED?			20	AUTOPSY?
		210 EXTERNAL CAUS	OR		MONTH DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURI WHILE NOT AT WORK AT W	WHILE		OF INJURY (ATHOME, 216 ORY, FARM, ETC.)	LOCATION STREET	спуо	RTOWN	COUNTY	STATE
2			Noturo	al couses ,	cribed above, held an A Accident , Suicide	topsy Inspecting	MEDICAL E	d monner	DATE SIGNED	1-15-84
2	230. BU	RIAL, CREMATION, R	EMOVAL 23	18/84	St. Paul's	POR CREMATORY Spisc. Ch. (dorf Ch		Maryland
	24 FL	INERAL DIRECTOR		₄₀₁ 61	60 Oxon Hill	250. DATE	AN 2 0 19	TRAR 256 REGIS	TRAR'S SIGN	ATURE
	G	eorge P. K	alag T	Buneral H	ome Oxon Hill	Md.	AIN O O IS	104 34	an I	Abusta

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deo th	TTYPE	EASED NAME FIRST	WIDDIE			
po de de	M	PARY	J.	FIMM	Januar	9 21,1984 5:48 PM
s of	3. SE)	émale	4. RACE White	5. DATE OF BIRTH MONTH DAY 2-1888	6. AGE UN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
722 hour	0	RTHPLACE (STATE OR FOREIGN COUNTRY) ghesville,MD	7b. CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince &	COUNTY OF DEATH MD
of filed with		TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUSTRY
P. 70 - CV	Na	LERESIDENCE (IF NURSING DON TO TATE THEREFORME FIRST		ADMESION A PIGE CITY LIMITS? D C YES NO 15. MOTHER'S MAIDEN NA FIRST	130. STREET ADDRESS 28/0 Nayl	99499
Poges Jane		Joseph VAS DECEASED EVER IN U.S. AI (IF YES, GI NO	H. Padge RMED FORCES? 16b. SOCIAL SECU- VE WAR OR DATES) 577-18-0	RITY NO. 17. INFORMANT	I. ADDRESS	LaMar Alexandria, Va.22308)8510-Cyrus Pl.,
signed by the ottending physic hen please remove carbonopope to burial, cremation, or removo jury, or other troumotic event, the	Z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE Cc)	NCE OF	VINAL DISEASE OR CONDI	TION GIVEN IN PART 1/o
permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
this certificate he burial-transit in Mental Hygie ed or them 18 sta	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	AIH	AY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY I	
AL DIRECTOR: After etached for use as t te Dept. of Health a i. If Item 21 is mark.		220.1 certify that (I) (this hosp saw the deceased alive a	Jan . 20 Jan . 20 19 19 19 19 19 10 10 10 10 1	7 DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	ond haur and from the causes stoted
retained by to FUNERAL should be detained the Start IMPORTANT.		22d PHTS CIAN'S NAME (TYPE P. WISO' URIAL, CREMATION, REMOVA	TSKY MID.	22e ADDRESS	123d. LOCATION	

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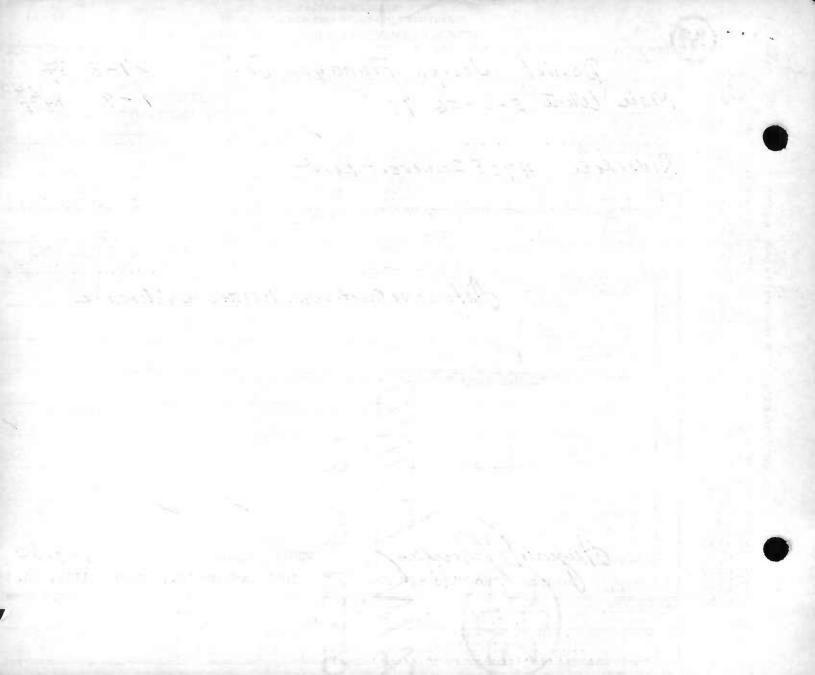
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Trise M1, eff week (1) Justin

Dimin] June C. 1988 Schill Forb I mooden Jaraten. Tolmar Punor Marit Land.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) DEATH MATED AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED 3 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEWER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED WASHINGTON.D.C GFORGFSOR INDUSTRY FOR MOST OF WORKING LIFE! PEPCO 20737 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [4708 SOMERSET ROAD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST DANIEL FLANAGAN SIMONDS **ELIZABETH** 160. WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMAN 166. SOCIAL SECURITY NO 1498 MANOR VIEW ROAD SON (YES, NO. OR UNKNOWN) 577-05-8595 FLANAGAN JR. DAVIDSONVILLE MD. CAUSE OF DEATH (Enter only one cause pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 4 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES OR TO BO BE 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY ARE 3 SHOULD F 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE SHOULD BE TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. C. C. MARYLAND, 2 22a. I certify that I took charge of the remains scribed above, held an Autapsy and in my apinian Inspection Natural cause Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills. Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 1/12/84 WASHINGTON, D. STATE BURIAL MT. OLIVET CEMETERY 12 BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5) 500 UNIV.BLVD..W. SILVER SPRING.

20M 4/82



١,	FOR					DEPART	-		MARYLA H AND		HYGIEN	E 49		0 2	2 .	; 4	9
1	STATE REGISTRAR				MEI	DICAL	EXAMI	NER'S	CERTIF	ICATE (OF DEA	HTA	REG.	NO.			
	ECEASED NAM	E	FIRST			WIDDIE			LAST			20. DATE	KNOWN	MON!	H DAY	YEAR	2b. HOUR
-	PE OR PRINT)	K	ennet	h				F	ORGY			OF DEATH	ESTI- MATED	0 1	16	19 84	4 ,
3 SE	X	4 RACE		5 DATE C	DE BIRTH	YEAR	6. AGE (IN		JNDER 1 YR		R 24 HRS.	2c. DAT	E	MÔNT	H DAY		2d. HOUR
1	Male	Neg	ro	/10	17	48	35	YRS.	THS DAYS	HOURS	MIN.	PRONOL		1	16	19 84	4 10:4
10. E	SIRTHPLACE (S OREIGN COUNTRY)	ATE OR		N CITIZE	N OF WI	HAT COU	VTRY?		RRIED N	IEVER MARI				Y OR COU		DEATH	
10.0	Chever]		тн	(IF NOT	IN SUCH FA	CILITY, GIVE	STREET ADDRES	ME, OR O	THER INSTIT	UTION	12a. USI	UAL OCCI	rince UPATION DRKING LIFE) ECUTI	TYPE OF WOR	± 12b. K	IND OF B	MD BUSINESS TRY
	AL RESIDENCE	(IF IN NUR		R OTHER INST	ITUTION, GI	E RESIDENC	E BEFORE ADMI	SSION)						0,7			
130.	Md.		13b COUNT	Υ			or town		YES -	CITY LIMITS?		G Vi		Gree	n Dv	, 2	0785
TV	ATHER'S NAME					1 - 41			1/-	HER'S MAIL				шее	11111		47.03
	Larry			MIDDLE			LAST			FIRST			MIDDLE			LAST	
160.	WAS DECEASE	DEVER				16b. SO	CIAL SECUR	RITY NO.	17. INFO	RMANT			ADDR	ESS 162	4 Vi	1120	e Gree
(YES, NO, OR UNKNO	WN)	(IF YES, GIVE V	WAR OR DATE	5)	577	-66-7	069	Ms.	Debr	a Sto	wart	lan	dover	Md Md	1 20	725
		F DEATH	H (Enter onl	y one cous	e per line			003	1 130	Debi	2 2 6	AACT T		duvel	1	APPROXIMA	TE INTERVAL
	PARTIDE	ATH W	AS CAUSED	BY:	1		usm								BET	IWEEN ONS	SET AND DEATH
	30	30	IMMEDIAT		0		NSEQUENC	E OF	-			-					
			ny, which	1													
			immediate the under-		(b)	AS A CO	VSEQUENC	E OE		-							
	lying cou			1		A CU	-DEGOEIAC	. 01							- 1		
	PART 2 DTHER SI	GNIFICANT	CONDITIONS		C)	BUT NOT REE	ATED ID THE TE	PMINAL DICE	ASE DR COMPLE	IUN CIAEN IN .	ART 1 (=)						
Z					- 2 Wentill	WEL		nminur 91)	AND DE COUDIT	IDII DITEN IN F	and I (U).						
CERTIFICATION	190. DATE OF	OPERA	TION	196	CONDIT	ION FOR	WHICH OP	ERATION	WAS PERFO	ORMED?					20	AUTOPS	Y?
FIC																YES	NO 🗆
FR	21a. EXTERNA	L CAUS	EWAS	216	TIME OF	INJURY		216.	HOW INJUR	RY OCCURR	ED (ENTER	NATURE OF I	NJURY IN ITEA	A 18 PART I OR	PART 21	163	NO LIN
	UNDERLYING CONTRIBUTI				OUR A.M	MONTH				occonn	12		200.00.00				
MEDICAL	21d. INJURY				P.M.	OF INJURY	19	716	OCATION								
ME	WHILE	NOT	WHILE			ORY, FARM,			STREET			CITY OR T	OWN		COUNTY		STATE
	AT WORK	ATW	ORK														
	22a 1 certi	fy that I	took chorge	e of the re	moins des	cribed ob	ove, held on	Aut	opsy .	Inspecti	on X,	Inquir	/ Dx	ond in my	opinion		
	death result	ed from	Notur	ol couses	X	Accident		Suicide [], Hon	nicide .	Undet	termined n	nanner [],			
	1	V	um.	1 30	1	0		. >		(SPECIFY)					_		
	SIGNATURE	M	yell	120	1)	ou	ceful	4	M.D. Dej	puty	MED	ICAL EXA	MINER	DA1 SIG	NED	/17/:	1984
		1	1	-	0		//	0		74						-	
	EXAMINER'S (TYPE OR PRI	NAM VT)	Augus	to P.	Rod	rigu	ez, M.	D.	_ADDRESS	5009 F	Raybu	rn Ct	., T	emple	Hil	ls, 1	Md.
23a.	BURIAL, CREMA	TION, RE	MOVAL 7	TE DATE		23€	NAME OF C	EMETERY	OR CREMA	TORY	23d. LC	OCATION OR TOWN		C	OUNTY		STATE
		ova1		1/20	0/84							OR IOWN	0				graft.
24	FUNERAL DIRECT	TOR		1	ADDRESS					250 DATE	25810	REGISTR	25 R	EGIST AR	LIGNA	TURF	
		atom	y Boa	rd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ba	1to.,	Md.		Pull.	- 10	M-1 ()	, ,	-			
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JAN 201321 John & Cerish

1	FOR	DEPARTMENT (OF HEALTH AND MENTAL	HYGIENE -	2000
11.	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG. NO.	100 100 100
	DECEASED NAME FIRST	MIDDLÉ	LAST	THE DATE KIND WITH	MONTH DAY YEAR 26 HOUR
(1)	(YPE OR PRINT) Ruby	Jane Emogene	Fowler	OF ESTI- AM DEATH MATED	1-21 1984
3. 58		5. DATE OF BIRTH 6. AGE (NYEARS IF UNDER 1 YR. IF UNDE	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
	Female Caucasia	MONTH DAY YEAR LAST BIS	YRS,	MIN. PRONOUNCED DEAD	1-21 1984 1:21
70	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	To	9 BALTIMORE CITY OR	
F	FOREIGN COUNTRY)		MARRIED NEVER MAR		ge's County, MD
	West Virginia	U.S.A.		120. USUAL OCCUPATION (TYPE OF	EWORK 12b KIND OF BUSINESS
1	Characlas	Prince George's		FOR MOST OF WORKING LIFE) Credit Advisor	DISTRICT
	Cheverly JAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADV		Cledit Advisor	WholesaleDrug
	Maryland 13b. COU	Georges NewCarrol	.lton YES NO [lighway 20184
14.1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAII	DEN NAME MIDDLE	LAST
	Jesse	J. McMillon	Nanni	e	Williams
	WAS DECEASED EVER IN U.S. A	S WAR OR DATES)			
	No	235-50-5	Michael	Fowler (son) Same	as 13
_		inly one cause per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUS	ED BY: ATE CAUSE (0) Multiple	Injuries		
	8147	DUE TO, OR AS A CONSEQUEN			
1	Conditions, if ony, whic gave rise to immediat				
	cause (a) stating the unde		CE OF		
	lying couse last.	(6)			
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN	PART L (a)	
NO					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
H					YES XX NO 🗆
SER.	210 EXTERNAL CAUSE WAS	116. TIME OF INJURY APPLY HOUR KK MONTH DAY	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PAR	RT + OR PART 2)
				struck by auto	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOM	E. 21F LOCATION		
E	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	Rt. 450 at	85th Ave., Landove	r Dringo Coorgo
	220 I certify that I taak cho	rge of the remains described above, held o			in my apinion Co., Md.
	death resulted from Not	urol causes of pleident XX (Suicide	· Undetermined manner,	
	ACTUAL A CO	1 MAD WA	TITLE (SPECIFY)		DATE 1-22-84
	SIGNATURE COLL	us Muto	M.D. ASSISTA	nt_medical examiner	SIGNED 1-22-84
r	EXAMINER'S NAME	and a Donath M.D.		111 Dawn Chroat	
	(TYPE OR PRINT)DE	nnis F. Smyth, M.D.		111 Penn Street	
23a.	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-0.5	Burial J	an., 25, 1984 Morn:	ingside Cemetery	Renick, West	Virginia
24.	FUNERAL DIRECTOR	neral Service, Falls	Chunch Valan	27 1001	O C.
	Capitor Fur	ieral Service, rail	S CHULCH, VANAIA	4 , 204 James	to which

STATE OF MARYLAND

The same sale and the sale will be the sale of the best of 2. 2. 2. 3. 34.60

5	FOR STATE REGISTE	AR		DEPART	MENT OF H	OF MARYLA EALTH AND A CATE OF D	MENTAL HYG	IENE B	REG. NO.	0	2 5	5
	1. DECEASED N	AME FIRST		MIDDLE	L	ST		2a. DATE OF	DEATH MONT	H DAY	YEAR	26 HOUR
og A		Gertr		K.		canks			1	5	84	L:10p.M
ge 4 mg	Female		4. RACE Caucas	ian	5. DATE O		18 9 9	84		YRS.		IF UNDER 24 HRS HOURS MIN.
eoth. Po	COUNTRY	ton, D.C.	J. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER A	AARRIED .	1	ce Geo			ity MD.
the for	10. CITY OR TO	1	(IF NOT IN SUC	HOSPITAL, NURS II	NG HOME O	R OTHER INST		12a USUAL O	CCUPATION FOR MOST OF WOR	- 13		BUSINESS OR
old be fill	Clinto USUAL RESIDE 130. STATE Maryla	JCF (IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOVE OXON H	E ADMISSIONI	13d. INSIDE C	ITY LIMITS?		poress outhern	n Arren	-	20745 #428
nd 2 shou	14. FATHER'S N	AME ST	WIDDLE	LAST	444		NO DEN NA		widdie		LAST	
E O		rles Bei	njamin	Bean	LIBITY NO	Eva 17. INFORMA			ADDRESS	Rich	nardso	on
. Poges medico	(YES, NO OR G		GIVE WAR OR DATES)	577-18-9				s 6007		e., D		Maryland Maryland
ed by the ottending lease remove carbo rial, cremotion, or re or other troumotic e	gove r couse underly	ns, if ony, which se to immediate (o), stating the ng couse lost.	(b) DUE TO, O	R AS A CONSEQUER AS A CONSEQUER	JENCE OF	4105	Right	t hp	reals	BE	24	Hours
been signe rmit. Then p prior to bu	NO CA	OTHER SIGNIFICANT	Hype	ONTRIBUTING TO CALC ITION FOR WHICH	EMIT			200 AUTO	PSY? 20b.	IF YES, WE	RE FINDING	
te hos	RTIFI								NO	YES []	NO 🗆
this certificate burial-transit d Mental Hygi	00.00	ENT WAS UNDERLYING IBUTING CAUSE OF D NOTIFY MEDICAL EXAMIN	EATH HOUR A.		DAY YEAR	21c. HOW IN	JURY OCCURE	ED (ENTERNAT	URE OF INJURY IN IT	TEM 18 PART I	OR PART 2)	
After this of e os the but olth ond Me morked of	4	RY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATIO	N		CITY OR TOWN		COUNTY	STATE
- W 0	22a.l cer	ify that (I) (this has	pital) attended th	e deceosed from,		1-4	. 19 84	, to	-5	. 195	14	hot (I) (we) lost
At DIRECTOR etached for u te Dept. of He i: If frem 21 is	22b. SIGN	the deceased alive of e. (I) (we) I ddy did r	Lipen ?	Come		EGREE			STAFF PHYSICIAN		22c. DATES	SIGNED
TO FUNERAL should be deto with the State IMPORTANT: If	-	ician's NAME (TYPE		17		22e ADDRES	S				et N	/d. 207
5 8 8 M		EMATION, REMOVA		34 ²³ (NAME OF C	TON' NA		23d. LOCA			reje Z I	MARYLAND
H - 16 50M 4/B2 (VRA 15. 4)	24. FUNERAL D	P KALAS		ON HILL F			JAN A	0 1984	GISTIAR Sh. F	REGERA	real of	E

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

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71	1.	OR DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE 4 8 2 5 5	3
R	1-	TATE	TIFICATE OF DEATH REG. NO.	
		EASED NAME FIRST MIDDLE LAST OR PRINTS	20. DATE KNOWN W MONTH DAY YEAR 26 F	HOUR
SANSE.	(111	ROBERT A FUNKHO	Or EST- XX	м
1	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER I MONTH DAY YEAR LAST BIRTHDAY) MONTHS I D		HOUR
\$3000	M	ale Caucasina 5-14-42 4/ VRS.	DEAD 1-14-84 2	: 35
HE SEE	7a B		NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH	
A THE STATE OF T	/V.	Y OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER IN:	DIVORCED Prince George's County STITUTION 120. USUAL OCCUPATION (1796 OF WORK 120. KIND OF BUSINE)	MD.
A HOUSE	14	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE) OR INDUSTRY	
See See	dsu	RESIDENCE BEFORE ADMISSION)	20/20/10 del	-
2120 AND RETA POUT	5 "M	ATE 136 CITX OR TOWN 138. II	NSIDE CITY LIMITS? 136 STREET ADDRESS	00
	04		AOTHER'S MAIDEN NAME	SOCK.
	41	Linkupur	"Tentnown	
BALTIMORE, S. AFTER DEA' GIVE PAGES ITH FORM P PAGES	16a. \		FORMANT ADDRESS 5606-C	my
., BALTIM JRS AFTER B. GIVE PA WITH FOR TI. PAGES	The same of the sa	(18 - 34 - 959 7)	acqueline Higgins Harris	2
: 5 % ≥ - 0		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) - PART I DEATH WAS CAUSED BY: Multiple in jurios	APPROVIDE TE MITER BETWEEN OF SET AND	VAL MATH
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18, ISA-AMINER ALONG WAN IAL TRANSIT PERMIT.	VAL.	PARTIDEATH WAS CAUSED BY: Multiple injuries Due to, or as a consequence of		
REST NSITE N	EMC	Conditions, if ony, which		
ED WITH PENCIL AMINER IL-TRANS	ž	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF		
SOLUTION PORTS	ž	lying couse lost.		
ION OF VITAL RECORDS, 201 W. PRESTON ST FIFICATE SHOULD BE EXECUTED WITHIN 24 HOI 5 THE WORD "PENDING" IN PENCIL IN TIEM 11 TO THE CHIEF MEDICAL EXAMINED REPAIR HOULD BE USED AS A BURIAL - TRANSIT PERMI ARTMENT OF HEALTH AND MEDICAL HOUR STANDING TO THE CHIEF	E E	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1 (o.	_
TECORDI D BE EXE ENDING MEDICA AS A BI	CERTIFICATION			
SHOULD ORD "PR	G / P.	196 CONDITION FOR WHICH OPERATION WAS PE		
VITA SHO VORD VORD VORD VORD VI OF		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW IN	YES XX NO	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECRITING THE WORD, "PENDING" PEDICAL SE 3 SHOULD BE USED AS A BUYE DEPARTMENT OF HEALTH AN	2 2	UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH 10: 174 NONTH DAY STEAM driv	er of an auto in collision with a tra	iin
ISION NG THE SHOU	MEDICAL	214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATIO	NO.	_
DIVISI WRITING WARTING VAREDED	N N	WHILE AT WORK AT WORK XX STREET, FACTORY, FARM, ETC.)	214 near Halk Md. Mitchekt Wille, Md. s	TATE
	-1	27a I certify that I took charge of the remains described above, held on Autopsy	Inspection . Inquiry . and in my opinion	
AND SERVICE SE	Na /		, Inspection . Inquiry ., and in my opinion Homicide . Undetermined monner .,	
XAAA KAAA KERTIFE B B B B B B B B B B B B B B B B B B B		Λ,	ITLE (SPECIFY)	
A HAD A HE		ACTUAL MARKET MA	Assistant MEDICAL EXAMINER SIGNED 1-15-84	
DEA SET	ğr	EXAMINER'S NAME	AAA D Clarat	
TO MEDICAL EXAMINER. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH. WITH THE		(TYPE OR PRINT) MargaritaA. Korell, M. D. ADDR		_
	23a.B	RIAL, CREMATION, REMOVAL 236. DATE	MATORY 23d. LOCATION COUNTY STATE	
BP	al F	NERAL DIRECTOR	C 135 DATE REC'D BY REGISTRANGE REGISTRANGS SIN NATURE	_
DHMH - 17 (VR-A15 ME (5	D	NAME OPINADALA LADORESS 27-North Cant &	MIFEB 021984 John & County	
20M 4/82	AL L	mor himbon how I kee waaring of	· VICC 1	

Line year was a series for mining a figure TEB US 2004 John & Committee of the Comm PRESTON ST

DIVISION OF VITAL RECORDS,

ARE OF MATERIAL STREET, AND SERVICE AND SE

3			FOR STATE REGISTRAR			CERTIFI	CATE OF I	MENTAL HYG		REG. NO.	0 2 5	5 5
e m.s			CEASED NAME FIRS	Ť	MIDDLE	L	51		2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
noy be			ETHE		S		AINES	5		01	23 84 9	30PMM
or a		3. SE)		4 RACE		5. DATE O		YEAR	6. AGE (IN YEAR	LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN.
	1		emale	Black		July	10,	1913	70	YRS		
	33	_ (RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI		MARRIED TO	rince (city <u>or</u> coun Georges		MD.
100			nton	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET N Marvl	ADDRESS)				CUPATION R MOST OF WORKING typist	GLIFE) INDUSTRY	OF BUSINESS OR
Oftes	E.	USU / 13a. S	AL RESIDENCE LIENURSING HO		13c. CITY OR TOW	ADMISSION)	13d. INSIDE C		13e. STREET ADD	ORESS	lian He	ad Road
39 1 25	7/		THER'S NAME	- ALIDDUE	LAST			S MAIDEN NA	ME	11-11-11-11	LAS	
w ba	1000	E	Benjämin Sm	ith	LAST		Ma	rgare	t Daver	port	LAS)T
d co	icol		VAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMA	ANT		ADDRESS		
o e ex	пеdico		10	ES, GIVE WAR OR DATES	579 52	3236	Branc	h U.	Gaines-		nd-13310	
Sicio	r, the		18. CAUSE OF DEATH (En	ter only one couse per	line for (o), (b), on	d (c).)					an tegy	NAME ROBER
Phy Phy	event,		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	Cardi	OPU	Lowen	any	arres 1			
the death continued in the ottending	ofic of		4275	DUE TO, OI	R AS A CONSEQUE	ENCE OF		0				
deo de	oum oum		Conditions, if ony, which									
W. PR	L cremo		gove rise to immedio cause (a), stoting the underlying couse los	he DUE TO, OI	R AS A CONSEOU	ENCE OF						
RDS, 20	to burio	NO	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CO		Pera	Phere		AINAL DISEASE O			0,
A RECOR	ws ony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPS	IN CER	YES, WERE FINDING TIFYING CAUSES	
SICIAN: TI 9 physical certificate	entol Hygie frem 18 sha		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM I	IS PART I OR PART 2)	
PHY PHY this	ond Merked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET	ON	c	ITY OR TOWN	COUNTY	STATE
TTEND oitol o	t. of Health		22a.1 certify that (1) (this sow the deceased all above, (1) (we) (did) (c	ve on	rec 19			, 19_84 (our) opinion	deoth occurred o	n the date and h	hour and from the	
OR P	T: If He			contra the	oun; for			PHYSICIAN L	MEDICAL DIRECTOR	STAFF PHYSICIAN 🐼	22c. DAT6	24 184
TO HOSPITAL	with the State		SHANTHA	MURT	M. JR	MANI	22e. ADDRES	55 9011 LINT	on h	VAGON V	RD R	R
₽ ₽ ₽ ₽ P = BP	3 3	_(SURIAL, CREMATION EMO SPECIFY) SUrial	Jap.	27/198	4 1	inco	CREMATORY	23d LOCATION COLOR TO	Cemete:	LV	yland
DHMH - 16 50			neral director 68 tewart Fund	ral Home	24001	enni Benni	ng Ro	ad NA	N 3 1 P	STRAR SOL	ISTRAR'S SIC AT	URE

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in religion The Marie of the second of the Surfel ann. 17, 1984 Lincoln Ferenchil Deregen Sterket June 21 Hone- Till Sonning Done, MAN 31 HA Sound Cont.

	1 -	FOR STATE REGISTRAR			IT OF HEALTH AND MENTAL ERTIFICATE OF DEATH	HYGIENE REG. NO.	O 64 0	, ,
		CASED NAME FIRST CAPOLING	e (N.M	.I.)	Gallagher	January 29,		26. HOUR 9:35A
1	S. SEX	Female	4. RACE White		DATE OF BIRTH MONTH DAY April 21. 1894	6. AGE (IN YEARS LAST BIRTHDA	YRS.	HOURS MIN.
· full	-6	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED NEVER MARRIED		OUNTY OF DEATH	V M
90		Lanham	11. NAME OF HOSPITA	GIVE STREET, ADD	HOME OR OTHER INSTITUTION RESS! Nursing Home		ORKING LIFE) 126. KIND C INDUSTRY	OF BUSINESS OF
	13a. S	ALRESIDENCE IN NURSING HOME OF TATE 13b. COUNTY P. (NTY 13c. CAT	ORTOWN	134 INSIDE CITY LIMIT	13. STREET ADDRESS / ZII 6201 85th.	Place 2078	Store 4
6		THER'S NAME FIRST OUIS	Mes Mes	sick	15. MOTHER'S MAIDEN FIRST Caroline	MIDDLE	Rege	eczy
medica			VE WAR OR DATES	-52-04		ADDRESS ehrmann	Address Sa No# 13e.	ame as
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per littor (ED BY: TE CAUSE (o)	ol, (b), and is	Orterio	selerosis	APPROX BETWEEN	ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	szar	e (fisorde)		7	gh.
	NO	PART 2 OTHER SIGNIFICANT	(c)	TINGTO DEA	TH BUT NOT RELATED TO THE	MANINA DISEAS OR CONDITION	ON GIVEN IN PART 1:	0.
7	CERTIFICATION	19ª DATE OF OPERATION	ONDITION FO	R WHICH OP	ERATION WAS PERFORMED		b. IF YES, WERE FINDING CAUSES YES	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MC		YEAR 19	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME, STREET, FACTO		ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a. I certify that #1 (this hasp sow the deceased alive ar above, (I) (we) (did) (did no			, one mor in the first of	77_, to	and hour and from the	
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		22b. SIGNATURE	enas of	111	DEGREE MATTENDIN PHYSICIA	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	29 TE	SIGNED 84
NO. NO.		THOMAS (S. MALO	NEY	M P. 481	4-71st AV	E HYATT	TS MIL
8	- (URIAL, CREMATION, REMOVAL SPECIFY) Burial	Feb.1,1984		y Sepulchre Ce	CITY OR TOWN	Montgome	ry Pa.
3	F.	Gasch's Sons 1	F.H. Р.А. Ну	attsvi	lle, Marylant		REGISTRAR'S SIGNAT	TURE

STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

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March 1987 Section 1985

X.	5	1-	tems #18-22a 5/2 FOR STATE	DEPART		E OF MARYLAND EALTH AND MEN R'S CERTIFICA		TH	0 2	558	}
-	/		REGISTRAR CEASED NAME FIRST	MIDALE	EXAMINE	LAST		20. DATE KNOWN	MONTH	DAY YEAR 26 HO	OUR
		(TYF	James			Garnett		OF ESTI-		31 19 84	44
	(S.)	3. SEX		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF	UNDER 24 HRS.	2c DATE	MONTH	DAY YEAR 24 H	OUR
	(200	71	ale theel	3 22 51	32 YRS	MONTHS DAYS HO	OURS MIN.	PRONOUNCED DEAD	1 3	31 ₁ 84 /A	М
		70. B	RTHPLACE (STATE OR PREON COUNTY)	76. CITIZEN OF WHAT COUN	NTRY? 8	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY	_		
	A SA SA T	10.6	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL NU			DIVORCED	Prince Geo		County,.	MD.
	SERVE S		7.1	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		FOR A	MOST OF WORKING (FE)		OR INDUSTRY	3
	DO NEW YORK	The same of	adsbury Heights AL RESIDENCE (IF IN NURSING HOME OF	4210 Wil)		uek dru	rec	9999	1
₽	AND AND SHOUL	13a. S	Wash 18.0	13c. CITY	ORTOWN	13d. INSIDE CITY L YES	LIMITS? 13e STR	10-Will	2t. Cap	49th Mel	_
	WANA THE	14. F/	ATHENS NAME	MIDDLE	LAST	15 MOTHER'S	TALLER	(O) MIDDLE	JUDA,	LAST	
C	TER DE FORM FORM ON OF		ES, NO, OR UNKNOWN) (IF YES, GIVE Y	VAR OR CIATIS	CIAL SECURITY	NO. 17 INFORMAN	NT H.	ADDRES	\$ 10	11.00 to	10.
	5 m 5 L C	-	4	y ane (ause per line far (a), (b	7-66-	1376 10	orly x	rainery-	4210-	APPROXIMATE INTERV	FIAL
3	HOU NG ERMI ENE,		PART I DE ATH (Enter only PART I DE ATH WAS CAUSED	BY: Fatty	Liver	& Cirrhosis	3			BETWEEN ONSET AND DE	EATH
	IN 24 IN IT ALC SIT P WOV.		5/18	DUE TO, OR AS A COL	NSEQUENCE OF						
0	ED WITH PENCIL AMINER L-TRANI AENTAL I		Canditians, if any, which gave rise to immediate	(b)							
100			cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CON	ASEQUENCE OF						
9	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FOR THE CHIEF MEDICAL EXA SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MILENOR TO BURIAL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OEATH BUT NOT REL	ATEO TO THE TERMIN	AL DISEASE OR CONDITION GIV	VEN IN PART 1 (a).				
0	HEF WHEF WEILL C	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERA	TION WAS PERFORME	D?		1.0	20 AUTOPSY?	
	S S S S S S S S S S S S S S S S S S S	TIE							n=12	YES X NO	
2	S CERTIFICATE SHOU RITING THE WORD, RDED TO THE CHIE ES 3 SHOULD BE USE OI PRIOR TO BURIAL		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OC	CCURRED LENTER I	NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART	2)	
	IS CERTING REDED TO CE 3 SH TE DEPA 201 PRK	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME,	211 LOCATION STREET		CITY OR TOWN	COUN	ITY ST	ATE
	WRII WRII WARD AGE ATE I	-	WHILE NOT WHILE AT WORK								
	A TES		220. I certify that I taak charge	af the remains described abo	eve, held an	Autopsy K . In	spection .	Inquiry	and in my apin	nan	
_	MAN MAN		death resulted from: Nature	Accident	, Suici	de, Hamicide	Undet	ermined manner	,		
	AL DIRECTOR		ACTUAL A COLLEGE	26 WALMEST	must	Deputy (Chief MED		DATE	1/31/84	
	MEDICAL CCUTE THE CCUTE THE FUNERAL TRADECATH TRADECATH	1	SIGNATURE COCCO	War July	ni series	M.D. Putcy	CITICI MED	ICAL EXAMINER	SIGNED	1/31/04	
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERA AFTER DEATH		TYPE OR PRINT	Thomas Di Smit	h, M.D.	ADDRESS	111 P	enn St.	Balt	o., Md.	
-01	584544	73a.B	URIAL CREMATION REMOVAL 27	DATE STAD A	NAME OF CEME	HERY OR CREMATORY	234 10	CATION	0-11	D. STATE	
CMOV	BR204	24 5	DULIAL DINGTOR A	2-3-87, 14	ceshing!	on pall	-FIATE-PICID III	WILLIAM DIE	INTERNAL SE	CHARLIES & C	_
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	I. DEC	- LWOLD HAWKE	FIRST		MIDDLE	i i	AST	2a. DATE	REG. NO.	NTH DAY YEAR
	(TYPE	OR PRINT)	RLES (GORDON	GAR	v		OF DEATH	ESTI-	-28 19 84
3	SEX		5. DA	TE OF BIRTH	6 AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		MON	-28 19 84 ITH DAY YEAR
1	M	ALE WHITE	MON		YEAR LAST BIRTHDA	MONTH:		MIN PRONOUN DEAD		0001
1		RTHPLACE (STATE OR		2-14-1 TIZEN OF WH	3 70 YR	0	1	0.0017104		-28 1984 UNITY OF DEATH
	FOR	REIGN COUNTRY				WIDOWI	D IX NEVER MARRI	ED U		
		aryland TY OR TOWN OF DEATH	11 N	U.S.A	PITAL, NURSING HOME			12a USUAL OCCUP		
4			(IF	NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORK	ING LIFE)	OR INDUST
		everly L RESIDENCE (IF IN NURSING		INCE (EORGES GET	NERAL	HOSPITAL	Salesma	ın	Bakery
	3a. ST	TATE 136	COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES		(0050)
4			P.G. Co)•	Hyattsvil	.те	YES X NO [th Avenu	ae (20784
11	14. FA	THER'S NAME	MIDDL	.E.	LAST		15. MOTHER'S MAIDE	NAME	DDLE	LAST
1	14 11	Edwin	C.	20.0500	Gary	(1)0	Anna.	•	ADDRESS	Faucett
	(YE		ES, GIVE WAR OR I		166 SOCIAL SECURITY				ADDRESS	"
		Yes	W.W.II		577-05-581	2	Helene E.	Gray (Wii	e) Same	as # 13.
1		18 CAUSE OF DEATH (E	nter only one o	cause per line	far (a), (b), and (c).)		211=			APPROXIMATE BETWEEN ONSE
		11 - 1- 0 IM	MEDIATE CAU	SE (a HYPE	RTENSIVE CE	FREBR	O-CARDIOVA	SCULAR DI	SEASE	
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	-7	Conditions, if ony, gove rise to imm		(b)						
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		lying couse last.		(c)						
	7	PART 2 OTHER SIGNIFICANT CO	IDITIONS CONTRIBU	JTING TO DEATH E	UT NOT RELATED TO THE TERMI	INAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a)		
- /	OL	19a, DATE OF OPERATIO	N	18h CONDIT	ION FOR WHICH OPER	ATION W/	S PEDEORMED?			20 AUTOPSY
1	5	THE DATE OF OFERALIO		173 CONDII	10,41 OK WINCH OPER	ALIOIT WA	S FERT ORMED:			
7	2			1						
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スタ	L CERTIFICATION	210. EXTERNAL CAUSE V		216. TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c HO	W INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	
7 3	ICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU		HOUR A.M P.M.	MONTH DAY YEAR			D LENTER NATURE OF INJU	RY IN TEM 18 PART 1 C	
2	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.M P.M. 21e PLACE C	MONTH DAY YEAR	211 LOC		D (ENTER NATURE OF INJ.) CITY OR TOW		
ンろ	CAL	UNDERLYING OR CONTRIBUTING CAU	SE OF DEATH	HOUR A.M P.M. 21e PLACE C	MONTH DAY YEAR 19 PEINJURY (ATHOME.	211 LOC	ATION			DR PART 21
73	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU 214. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	SE OF DEATH	P.M. P.M. P.A. P.A. PLACE C STREET, FACT	MONTH DAY YEAR 19 DE INJURY (ATHOME, ORY, FARM, ETC.)	211 LOC	ATION	CITY OR TOW	N	DR PART 21
ンちろ	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK 22a. L certify that I taa	SE OF DEATH	P.M. P.M. P.ACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM ETC.)	211 LOC ST	ATION REET / Inspection	CITY OR TOW	X, and in m	OR PART 2]
7	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU 214. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	SE OF DEATH	P.M. P.M. P.ACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM ETC.)	211 LOC	ATION REET / Inspection Hamicide	CITY OR TOW	X, and in m	OR PART 2] COUNTY
1	MEDICAL CERTIFIC	UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK 22a. I certify that I taa death resulted from:	SE OF DEATH	P.M. P.M. P.ACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM ETC.)	Autops	ATION REET / Inspection Hamicide / TITLE (SPECIFY)	CITY OR TOW In Manager Undetermined ma	and in m	COUNTY LY Opinion ATE
4	MEDICAL	UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK 22a. I certify that I taa death resulted from: ACTUAL SIGNATURE	SE OF DEATH	P.M. P.M. P.ACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM ETC.)	Autops	ATION REET Inspection Hamicide TITLE (SPECIFY) D. Deputy	CITY OR TOW In Inquiry Undetermined ma	N and in manner	COUNTY IT OPINION ATE GNED
ス ろ と	MEDICAL	UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK 22a. I certify that I taa death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME	SE OF DEATH	HOUR A.M. P.M. 21e PLACE C STREET, FACT e remains desc	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, FARM ETC.)	Autops	ATION REET Inspection Hamicide TITLE (SPECIFY) D. Deputy 5009 R.	CITY OR TOW In Inquiry Undetermined ma	N and in manner	COUNTY IT OPINION ATE GNED
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23	WEDICAL See See	UNDERLYING OR CONTRIBUTING CAU 218. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK 22a. I certify that I taa death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	ILE k charge of the Natural caus	HOUR A.M. P.M. 21e PLACE C STREET, FACT e remains desc es X,	MONTH DAY YEAR 19 DE INJURY (ATHOME. ORY, FARM ETC.) Tribed obove, held an Accident , Sui	Autops; cide , ,	Inspection Hamicide TITLE (SPECIFY) D. Deputy DODRESS 7009 RECEMBATORY	CITY OR TOW In A legion Undetermined mo MEDICAL EXAM Ayburn Ct. 234. LOCATION CITY OR TOWN	N and in m	COUNTY IT OPINION ATE GNED -28

STATE OF MARYLAND

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Hyattsville, Maryland

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	FOR			DEPARTMENT O	FHEALTH	AND MENTAL	TYGIENE 65	U 64 1	0 4
XX	1.	STATE REGISTRAR		ME	DICAL EXAMI	NER'S C	CERTIFICATE C	F DEATH REG. I	NO	
TO	T D	ECEASED NAME	FIRST		MIDDLE		LAST	20 DATE KNOWN		YEAR 726 HOUR
		YPE OR PRINTT						OF ESTI-		10 110011
2 × 2 × 2			Riley	W	alker		son, Sr.	DEATH MATED		9 84 M
日本で	3. SI	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY	YEAR 24 HOUR 5:05
2 5 2	M	ale	Negro	Dec. 5,		YRS.	HS DAYS HOURS	DEAD DO	A 1 8	19 84 P M
1 2 - Els-		BIRTHPLACE IS		7b. CITIZEN OF W		Te	r\$4	9 BALTIMORE CITY	OR COUNTY OF DE	
FOR WITHIN	5	OREIGN COUNTRY)		11.0	Δ.	WIDOW	IED X NEVER MARR		TORCELC	
Z 2 5 > >	1		Md.	U.S.	A. SPITAL NURSING HO			TIZE USUAL OCCUPATION (1		MD.
AY IS THE FAGE 5	10.	CITY OR TOWN	OF DEATH	(IF NOT IN SUCH F	ACRITY, GIVE STREET ADDRESS	S)		FOR MOST OF WORKING LIFE)	OR OR	INDUSTRY
DELAY IS TO THE F N PAGE BE FILED DS, 201 V	7	Laurel		Laurel	Beltsville	Hospi	tal	Retired	U.S	.D.A
- SPENCE					IVE RESIDENCE BEFORE ADMI	SSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		20705
ANY AND HOULI	130	Md.	Pr.	Geo	Beltsvil	۵ ا	YES NO		chirk Doad	20/03
D. 2 3. A 3. R	14	FATHER'S NAME		aco.	100103411	10			KIIK NOQU	
FON-F	0	FIRST		MIDDLE	LAST		15. MOTHER'S MAID		L	AST
ORE, M DEATH. GES 1, RM PM I AND 2			Edmond P					1 Smith		
FTER DEATH. IF FP AGES 1, 2, 1 FORM PM 3, 555 1 AND 2 SF SIGN PM 3	/ 16a.	WAS DECEASED	DEVER IN U.S. AR	WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT	ADDRE	SS	
AFE		YES, NO, OR UNKNO	W	WII	217-20-7	040	Alice Gib	oson (Wife) san	ne as #13	
JRS AF WITH DIVISION		III CAUSE O	F DEATH (Enter on	ly one cause per lin	e far (a), (b), ond (c).)				APP	PROXIMATE INTERVAL
ST. ST.	-	PART I DE	ATH WAS CAUSE	D BY:	rterioscle	rotic	cardiovaso	cular disease	BETWI	EEN ONSET AND DEATH
STON SI V 24 HO N ITEM I ALONG TI PERM YGIENE OVAL.		45	A SIMMEDIA	IE CAUSE (a)	R AS A CONSEQUENC					
WHY A PER		Condition	ns, if any, which	00210,0	AS A CONSEQUENC					
RANGE THE SE		gave ri	se to immediate							
201 W. PRE UTED WITH! IN PENCIL: EXAMINER MAL-TRANS OM, OR REA		lying cau	stoting the under	DUE TO, O	R AS A CONSEQUENC	E OF				
NA PER PER		lying cac	/se 1031.	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RES ANOULD BE USED AS A BURNAL - IRRANIT PREMIT. PAGES 1 AND 2 SHOULD EDPARTMENT OF HAALTH AND MAINTAL HYGIENE, DIVISION OF LIARLY RECORD. FOR PRIOR TO BURNAL, CREMATION, OR REMOVAL.		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TO	ERMINAL DISEAS	E OR CONDITION GIVEN IN P.	ART 1 (a)		
RECORDS, D BE EXEC ENDING" A MEDICAL I AS A BUI CREMATI	Z									
LREC JUD B PEN PEN FE AE ED AS	Z Z	19n DATE OF	OPERATION	Tigh COND	ITION FOR WHICH OP	ERATION	/AS PERFORMED?		70 AI	UTOPSY?
HOULD HOULD RD "PE HEF A USED, OF HE	4 0			170.001.0						
INVISION OF VITAL I CERTIFICATE SHOUL BED TO THE CHIEF E 3 SHOULD BE USEE E 10 PRIOR TO BURILIAL PRIOR TO BURIAL										ES NO
O SERVE O			AL CAUSE WAS	21b. TIME C	M. MONTH DAY YE		OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
SE S	1 3	CONTRIBUTI	NG CAUSE OF	DEATH P.	M. 19					
IVISION CERTIFICATION TING 1 SED 10 3 SHO DEPAR 1 PRIOR	MEDICAL	2 Td. INJURY C	OCCURRED		OF INJURY (AT HOME,	2 Tf LC	CATION	CITY OR TOWN	COUNTY	STATE
DIN THIS CI WARDE PAGE 3	2	AT WORK	NOT WHILE	SIREEI, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOWN	COONIT	STATE
DIVISIONER: THIS CERT CATE, WRITING FORWARDED ' FORWARDED ' FOR PAGE 3 SH THE STATE DEPA AND, 21201 PRI AND, 21201 PRI AND, 21201 PRI BERTER PRI BERT PRI BERTER PRI BERTER PRI BERT PRI BER		AT TOM	AT WORK							
SE S		22a I certi	fy that I took char	ge af the remains de	escribed obove, held ar	n Autap	sy 🔲 , Inspection	an 👫 Inquiry 🔼 _	and in my apinian	
¥EBEEY FESTE		death result	ed from: Natu	rol cours 4.	Accident	Suicide	Hamicide .	Undetermined manner	J.	
AW SEE X		1	~1.	.11	W)		TITLE (SPECIFY)		7./	1017004
THOME Y		SIGNATURE	Oxug	rusur /	Course	X	Deputy	MEDICAL EXAMINER	DATE 1/	8/1984
2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	7	aracic const	1	/	// /	7				
MEDICAL EXAM ECUTE THE CERTIF (GE 4 SHOULD B FUNERAL DIRE ITIMORE, MARTH	4	EXAMINER'S (TYPE OR PRI		sto P. Ro	driguez. M	.D.	*DDDES: 5009 I	Rayburn Ct., To	emple Hill	s, Md.
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITIF PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PE	72-		TION, REMOVAL		V		OR CREMATORY			
	130	(SPECIFY)						23d LOCATION CITY OR TOWN	GOO May	STATE
BP	-	Buri		1-14-84			Mem. Parl		, deu. Mar	yranu
DHMH - 17	24	NAME			_s N. Washin		t.	N 1 BY BEGISTRAR 256	C 0 C	
(VR A15 ME (5))		George	R. Snowd	en Roc	kville, Md	. 208	50	001	my G	mely
20M 4/82	-									

31	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE G 4,	0.	2 3	0 0
(1)		CEASED NAME FOR PRINT)	EN		RNER	GLEA	TON	Janear	MONTH DAY	1984 21	3 YA
	3. SE	FEMALE	4.	WHITE		Sept	• 22°, 1906	6. AGE (IN YEARS LAST BIR	YRS.	NTHS DAYS H	OURS MIN.
ter death. Pe he funeral dii within 72 has	No	RTHPLACE (STATE OR FORE THE CARPORE	1	U.S.	-	WIDOWE		Prince G			MD.
By t sof	G	TY OR TOWN OF DEATH reenbelt		Greenb	ett"nwrei	ng Ce	nter institution	Operator	board _{E)}	Hospit	gton al Cente
AND 212 n 24 hou filled in hould be	I ^M		COUNTY	e Geo.	GIVE RESIDENCE BEFORE 13(NEWOR TOWN Carroll			7310 Long	branch	Drive	20784
E, MARYLA completely that and 2 sho	14. F/	Chauncey	R.	DLE F	Furner		Fannie	WIDDLE		cDani ^e l	
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of of the this certificate has been signed that this certificate has been signed the ond Mental Hygiene prior to be orked or life in 18 shows ony injury	MEDICAL CERTII	210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL IN JURY OCCURRED	SE OF DEATH	P./ 21e. PLACE (M. MONTH DA M.	19	21c. HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUI		_	NO STATE
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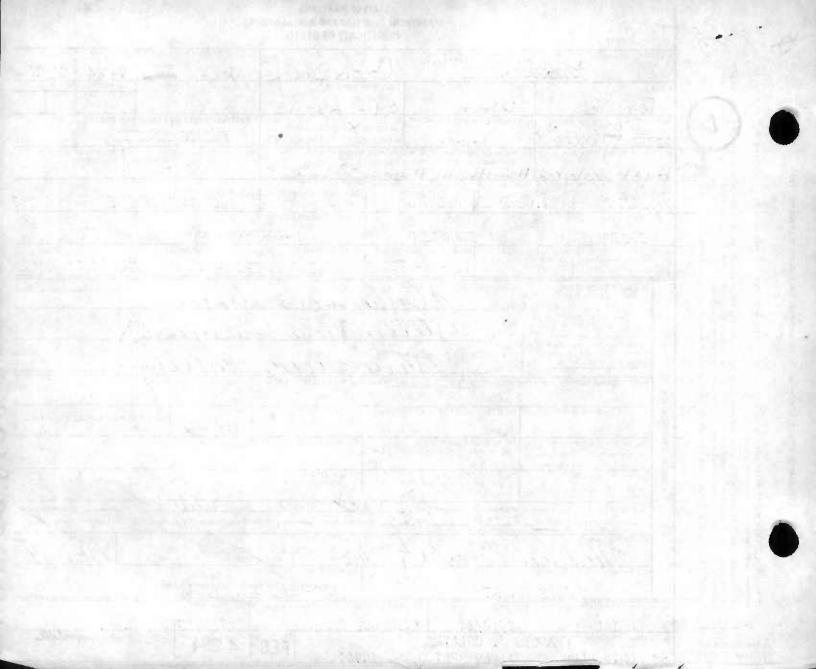
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	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTA ICATE OF DEATH		REG. NO.	0 2 0	0 4
y be death	1. DECEASED NAME (TYPE OR PRINT)	FIRST FRASTO	PHERWAY	NE GO!	AD			DAY YEAR 11-84	26 HOUR 1:37PM
4 may be rector, page : urs after death	3. SEX MALE	4. RA	W	0 ~		AR O	YEARS LAST BIRTHDAY)		FUNDER 24 HRS HOURS MIN. 17
de hin 72 ha	70. BIRTHPLACE (STA COUNTRY) ME	. 7 2	U.S.A.	MARRIE	The second second	D PRI	NCE GEORG	E'S COUNT	
201 urs after d by the fu	CHEVERLY	/ F	NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIVE PRINCE GEORI	STREET ADDRESS) GE'S GEN		12a. USUA (TYPE OF W	LOCCUPATION DRIVING MOST OF WORKIN	12b. KIND O INDUSTRY	OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. BHYSICIAN: The law requires that the death certificate be executed within 24 hours of otherding physicion. We have certificate has been signed by the otherding physicion and certificate has been signed by the otherding physicion and certificate has been signed by the otherding physicion and certificate has been signed by the otherding physicion and certificate has been signed by the other physicion and certificate has been signed by the ordinary of companion of remayor. In any many many many many many many many	Maryland	13 COUNTY	George's L	RTOWN	13d. INSIDE CITY LIM YES NO	531	3 Ciprian	o Road	076
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requires requires requires represente please represente		SIGNIFICANT COND	mBluca	G TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEA	ASE OR CONDITION	GIVEN IN PART 110	a [†]
The law ion. Phase bear it permit i	STORY OF OF OR OT	ERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AU	TOPSY? 206. IF IN CE	FYES, WERE FINDING ERTIFYING CAUSES YES	NGS USED OF DEATH?
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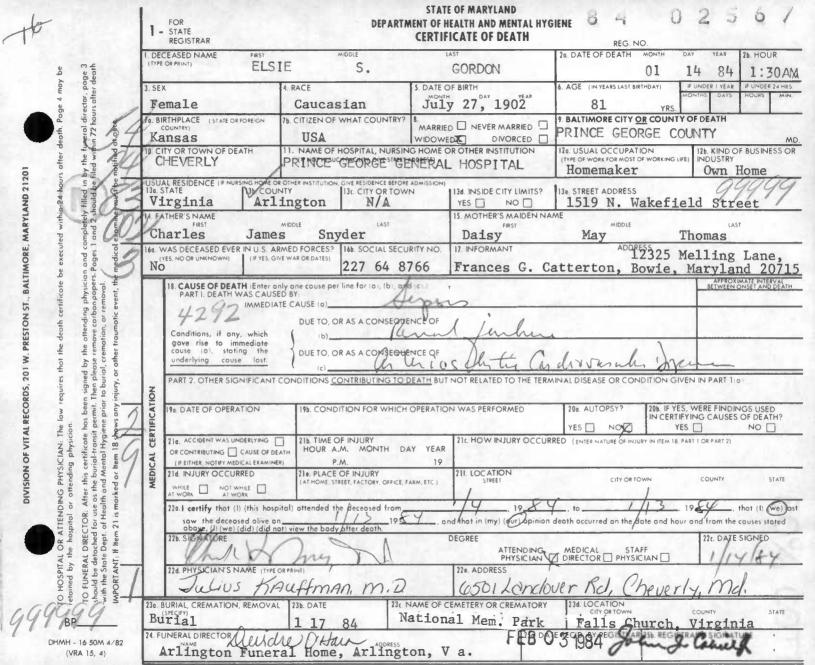
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201 pleo		1	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINA	DISEASE OR CONDIT	ION GIVEN IN PART	110	
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S and the same of	1	CERTIFICATION	9a DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	2		Ob. IF YES, WERE FIN		
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OR THE STATE OF TH		MED	WHILE NOT WHAT WORK AT WORK	ILE	(AT HOME, STI	OF INJURY REET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY		STATE
No of the Area			22a.1 certify that (I)		ol) ettended th	e deceased f	rom 2 1 0	10 /	53	10 8718	8 4 10	_, that # (we) lost
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A O H					FOGARTY					, MARYLAND			3-12-6
200			JRIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO		3d. LOCATION CITY OF TOWN	COUNTY		STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 2h HOUR THEKLA (TYPE OR PRINT) B. GOLDMAN 01-14-84 2:31A 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 4 RACE 1 SEX MONTH Female Caucasian August 23, 1909 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 25 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S County Louisiana USA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! U.S. Govern. Communications (FE) CHEVERLY RINCE GEORGE'S GENERAL HOSP. USUAL RESIDENCE (IF NURSING HOLD OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 13c, CITY OR TOWN
BOWIE 3338 Memphis Lane 13d. INSIDE CITY LIMITS? Pr.George's 20715 Maryland YES TA NO [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Jesse MIDDLE Newcomber Baskin B. 3338 Memphis Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 224-60-6051 Bowie, Maryland 20715 Jack Goldman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED 8Y: 17 40 IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DEATH BUT NOT RENITED TO THE TERMINAL DISEASE OF CONDITION DIVEN PART 1/a PART 2. OTHER SIGNIFICANT CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION AS FERFORMED 20g AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER ATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY MY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from_ say the deceased alive an goave, (I) (we) (did) (did not) view the bady after death. and that if (my) (our) apinion death accurred an the date and have and from the couses stated TO FUNERAL DIRECT should be detached f with the State Dept. a 221 DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF + PHYSICIAN P DIRECTOR | PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS JOHN J. SHIGD, M.D. 6911 LAUREL BOWIE RD. BOWIE, MD 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Banuary 17, Burial Lakemont Mem. Gardens Davidsonville, Anne Arundel, MD BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTION Annapolis Road DHMH - 16 50M 4/82 Beall Funeral Home Bowie, Maryland (VRA 15, 4)

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be execu	- (YES, NO OR UNKNOWN) (IF YES, GIV PS-Coast Guard N	E WAR OR DATES)	578-22-76		Mrs. Marie S		itchell	ville,	Md.
physicie mpaper moval.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per lin DBY: FECAUSE (0)			MORRHAGE			APPROXIMAT BETWEEN ONSE	T AND DEATH
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quires f signed hen ple ho buric	N.	PART 2. OTHER SIGNIFICANT (Maria de la companya della companya					TION GIVEN IN	PART 110	
on. hos been t permit. T ene prior i aws any ir	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
rSICIAN: Ting physici certificate urial-transit Aentol Hygi Hem 18 sh	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
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the hor L DIRE		22b. SIGNATURE	Princhy				MEDICAL STAFI		22c. DATE SIG	
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OF		ĸ y		P66H	+ MC			
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		and the same		emetery or crematory ncoln Cemetery		P.G		yland
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME Gasch's Sons I	F.H. P.A.	Hyattsv:	ille		AN 1 7 1984	Sh. REGISTRAR	SSIGNATURE	raich

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STATE OF MARYLAND

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(VRA 15, 4)

Vicin January 23, 1931 washington, D.C. ASO Jeo Work . T. aryland r. (core t. ashington x BELLS 'STLE wad derine thermatic alph M. Greene Wh les Not statud Fre-16-5708 Clayton w. Greene - protiers, III

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FOR STATE REGIST	RAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL ER'S CERTIFICATE		REG. NO.	.) / 1
1. DECEASED		e (NMN)	Gregory	26. DATE KN OF E DEATH M	OWN MONTH	20 19 P. 4
3. SEX Male	White	July 26,	1914 69 YI	ARS IF UNDER 1 YR. IF UND	MIN PRONOUNCE	Model Tan	29 19 F4 5:4
Penns	CE (STATE OR Sylvania	U.S.A.			RCED Prince	George's	County
Lando	ownof DEATH	3839 64	Avenue A	pt 312	FOR MOST OF WORKING Brick Laye	G LIFE)	Constructi
130 STATE Mary			residence before admissi 134 amdover Hills	TAD. INSIDE CITY LIMITS YES NO		Zip Cod Avenue	e 20784 Apt 312
14 PATHER'S	NAME derick	WIDDIE	Gregory	15. MOTHER'S MA France	IDEN NAME MIDD		eirce
Téa. WAS DE (YES, NO, O NO	CEASED EVER IN U.S. ARI RUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	211 09 83			AD66 Plac ttsville,	e Md. 20784
- >	ATE OF OPERATION	٨		INAL DISEASE OR CONDITION GIVEN IN	PART G		20 AUTOPSY?
TIGO D.	ATE OF OPERATION	L 196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY?
NO CONT	TERNAL CAUSE WAS REYING OR RIBUTING CAUSE OF LURY OCCURRED		MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY	I IN ITEM 18 PART 1 OR PAR	T 2)
AT W	ORK AT WORK	14	ORY, FARM, ETC.)	646hAVC	Ay 2 HS	11/12 PM	refer geo
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W ACTU	ATURE .	2 AV	oglis	M.D. Dep	MEDICAL EXAMIN		n 29 198
(TYPE	REMATION, REMOVAL			ADDRESSADDRESS	9 Seminary F	Rd. Silver	Springs, Mo
Cres	ation	2/1/84	Ft. Line	oln Crematory	Brentwoo	d P.G.	Maryland
24. FUNERAL	DIRECTOR				TE REC'D. BY REGISTRAR		

Marie Harter and the first transfer of the

FOR STATE REGISTRAR			STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIEI
DECEASED NAME	FIRST	MIDDLE	LAST	2

B.

76 CITIZEN OF WHAT COUNTRY?

White

4. RACE

MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 6.) d tie
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
Griffith	January 19	, 1984	3:30 am
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4-21-1903 YEAR	80 yrs.	MONTHS! DAYS	HOURS MIN.
8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
WIDOWED DIVORCED	Prince George'	S	MD.
NG HOME OR OTHER INSTITUTION	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L		OF BUSINESS OR

7	Wa	ash., D.C.	U.S.A	MARRIEI WIDOWE	D NEVER MARRIED 1	Prince Ge	orge's	۸
3		vortown of DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESS) Memorial Hosp		12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housew:	F WORKING LIFE	12b. KIND OF BUSINESS O INDUSTRY
5	13a. ST.	RESIDENCE (IF NURSING HOME OR ATE 13b. COUNTY OF G	ITY	130. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13. STREET ADDRESS 5406 -	(20 14th 1	782) Place
4	14. FAT	HER'S NAME Louis	MIDDLE	Boehma	15. MOTHER'S MAIDEN NA FIRST Mary	WE	I	Hall
		AS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO. 578-26-5414	Mary Grif	fith (Dtr.		Same as above
		RADSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	D BY: DUE TO, C DUE TO, C DUE TO, C	Cardiac arrest RAS A CONSEQUENCE OF Congestive hea RAS A CONSEQUENCE OF Arteriosclerot	rt failure			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden Unknown Unknown
	ATION	PART 2 OTHER SIGNIFICANT O	_	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 110
1	CERTIFICAT	90. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?
7	7	(IF EITHER, NOTIFY MEDICAL EXAMINER	1141	DFINJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	! I OR PART 2)
	MEDIC	WHILE NOT WHILE		OF INJURY REET FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY STATE

January 76 January 19 220.1 certify that (I) (this haspital)_attended the deceased from sow the deceosed plive on January 19 gbove, (1) (we) (did india not) view the body ofter death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED Junann ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 1-19-84 22d. PHYSICIAN'S NAME TYPE OF PRINT) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Carl J. Houmann, M.D.

23a. BURIAL, CREMATION, REMOVAL

Burial

4404 Queensbury Road, Riverdale, Md. 20737

23d. LOCATION

CITY OR TOWN

1-23-84 24 FUNERAL DIRECTOR Mt. Rainier, Md. Nalley's F.H.Inc.

23b. DATE

Pr. Geo. Brentwood Ft. Lincoln Cem.

Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

RE I. DECEA TYPE OR P

Female

70. BIRTHPLACE (STATE OR FOREIGN

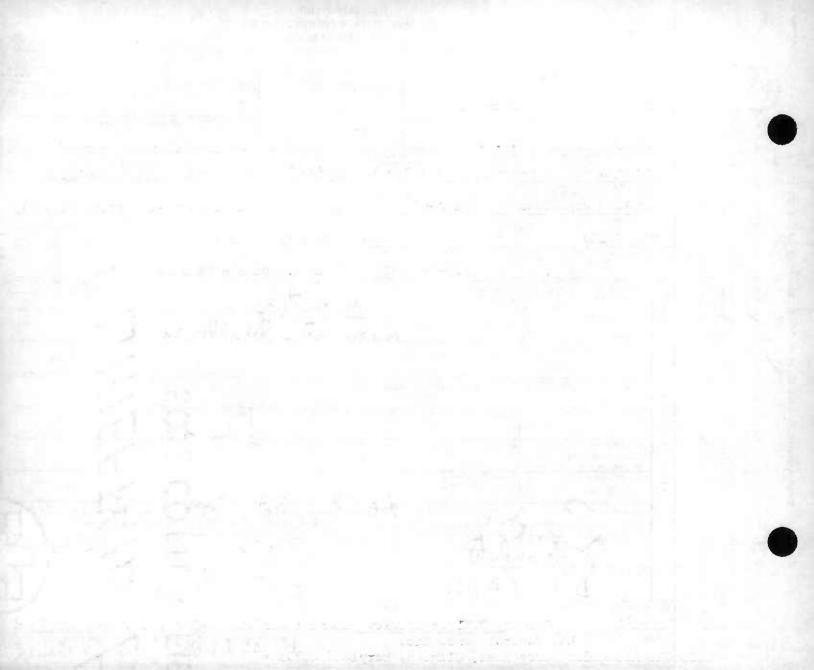
3. SEX

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	1.	FOR - STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG	IENE REG. NO	0		
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 26. HOUR	2
e o t	{TYP!	LEWIS	5	GU:	IDO	0	01 05	84 12:58	A,
D La	3. SE	х	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	HOER I YEAR IF UNDER 2	24 HRS
rs of		Male	Caucasian	Ju	y 29°, 1910°	73	YRS.	, , , , , , , , , , , , , , , , , , ,	prine.
97	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Italy	U.S.A.	RY? B. MARRII WIDOW	EN DIVORCED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	AAC
17	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST C		26. KIND OF BUSINES	SSOR
280			Southern Mar		Hospital	Upho1ster		<u>Upholstery</u>	7
35	13e. :	at residence (if nursing hours of neor state aryland charle	TY 13c. CITY OR 1	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4209 Sand	wich Ci	rcle (2060)1)
1		ATHER'S NAME ohn Guido	AIDDLE LAS?		15 MOTHER'S MAIDEN NAME FIRST	WE		LAST	
8		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL S	ECURITY NO	Vittoria 17 INFORMANT	Larracta	ESS		_
medic	10 (578-03		Ellen E. Gu	ido - Same	As #13	A-E	
prior to burial, any injury, ar a	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING			INAL DISEASE OR CON	20s. IF YES, WI	RE FINDINGS USED	
ene	I E					YES NO	IN CERTIFYING	CAUSES OF DEATH	17
and Mental Hygi	1000	214. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		DAY YEAR	21s. HOW INJURY OCCURS	RED (ENTER NATURE OF HUIL	RY IN CEAN 18, ROLET 1	CRPART 21	
and Me	MEDICAL	114 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORS OF	CE FARM, ETC.)	211. LOCATION	city de 10	WN	COUNTY ST	ATE
Health of the mark		72s.1 certify that (D his hospit sow the decaysed object the	al attended the deceased from	C / E 1/2	nd that in (my (our) painion of	to death occurred on the di	ate and hour and	that (I) (w	last
te Dept. of		above (I) we) did (idid no	white body biter death		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	**	143/84	
be d TAN	1	224 PHYSICIAN SHAME ITHE	I A N. I.	27,17	22e ADDRESS	0 00	. /		18
Te de de la	L	D.V.	N ALDAK		1 tal	wirey	MA		U
should be deto with the State E	23a.	BURIAL, CREMATION, REMOVAL	E19502-9		CEMETERY OR CRUATORY	134 LOCATION City OF TOWN	MA	de anti-	ATE
should with th	В	urial Jan	nuary 9, 1984	Trinity	Memorial Gar	dens Waldo	f, Char	les, Maryl	and
OM 4/82	B-24 F	(SPECIEV)	nuary 9, 1984 uneral Home,	Trinity	Memorial Gar	dens Waldo	f, Char	les, Maryl	an



REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. Aileen M. Hagemeyer Aileen M. Hagemeyer Female caucasian April 14, 1904 79vs. Betherack plant on the part of the part	1	FOR STATE		DEPARTMENT OF H	SEALTH AND MENTAL	HYGIENE ".	0 6 0	
Aileen M. AGE HINTER Bagemeyer DEATH MATED SAIR DEATH AT DEATH	1.		WE	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATH REG. N	١٥.	
Asileen M. Hagemeyer J. SEX GRACE ACT AC				MIDDLE	LAST		MONTH DAY YEAR 2	2b. HOL
3. SEX 4. RACE 5. DATE OF BIRTH 5. DATE OF BROWN 5. DATE OF BR	(1	Ailee	n	М.	Hageme	DEATH WATER	x Jan 22 10 84	
BRITHPIACE STATE OF PART 10 CITIZEN OF WHAT COUNTRY? 1 MARRIED NEVER M	3. SI	EX 4 RACE		6. AGE (IN YEA	RS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE		2d. HQL
BRITHPIACE STATE COMP. Jacob J	F	emale Caucasia	4 47 7	4. 1904 79YR	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	Jan 23 19 84	8:20 P
U.S.A. WIDOWRXX DIVORCED Prince George's County, Not continued by the prince of the prince o	7a.	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	1	9. BALTIMORE CITY		
Inton Into	200		U.S.A.	4-110-1			orge's County,	M
School Teacher Education Social Residence for Admissional Date of Transparence of Conditions of Contribution of Contributi	W.	CITY OR TOWN OF DEATH	II. NAME OF HOS	SPITAL, NURSING HOME,	OR OTHER INSTITUTION	12a USUAL OCCUPATION (T	YPE OF WORK 126 KIND OF BUSI	INESS
Aryland Prince George's Camp Springs 136 (JIY) (MINIS) 136 (STREET ADDRESS 136 (STREET ADDRESS 137 (MINIS) 136 (STREET ADDRESS 138 (MINIS) 136 (STREET ADDRESS 136 (MINIS) 136 (MINIS) 136 (STREET ADDRESS 136 (MINIS) 136 (MINIS) 136 (MINIS) 136 (MINIS) 136 (STREET ADDRESS 136 (MINIS) 136 (MI	A	Clinton						
Maryland Prince George's Camp Springs Maryland Prince George's Camp Springs VESEX NO 6702 Coolridge Ave. (20745)	ISU	AL RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION, G	WE RESIDENCE BEFORE ADMISSIO		Isa STREET ADDRESS		
James A. Mc Intosh Secretarian Dessie Conder							ge Ave. (20745)
James A. Mc Intosh Dessie Conder	14 1		MIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME	TAST	
NO N/A 218-52-6393 James R. Hagemeyer Bowie, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease MMEDIATE CAUSE (a)	1			rw31	Dessie		LP31	
NO N/A 218-52-6393 James R. Hagemeyer Bowie, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL SETIMEN ONSET AND DEATH	160	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRES	2612 Kernwood	Lane
PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease Hypertensive cardiovascular disease Hypertensive cardiovascular disease				218-52-63	93 James R.	. Hagemeyer B	owie, Maryland	L
PART 2 DITHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDITION GIVEN IN PART 1 (a)). PART 2 DITHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDITION GIVEN IN PART 1 (a)). PART 2 DITHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (DNDITION GIVEN IN PART 1 (a)). 210 DATE OF OPERATION IPID. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2116 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 2116 INJURY OCCURRED 2116. PLACE OF INJURY (AT HOME. 211f. LOCATION)			anly one cause per line				APPROXIMATE IN BETWEEN ONSET A	NTERVAL
Conditions, if any, which gave rise to immediate couse (a) stating the under-lying cause lost. PART 2 DIHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In). 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POWN A.M.				Hypertensiv	e cardiovascul	lar disease		
gave rise to immediate couse (a) stating the under-lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS CONTRIBUTING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. 21f. LOCATION)		4029		AS A CONSEQUENCE C)F			
COUSE (a) stating the <u>under-lying cause lost.</u> PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 2116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME. 217. LOCATION								
PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED		couse (a) stating the unde		AS A CONSEQUENCE C	OF .			
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 ON PART 2) 210. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME. 211. LOCATION		lying coose lost.	(c)					
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21ff. LOCATION	7		S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE DR CONDITION GIVEN IN P	PART I (a).		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION	101	18- DATE OF ODERATION	In contra	TION FOR WHICH ORER	A THOUSAND		Towns	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION	\S	176 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED?			Y
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION	1 2	21- EVTERNIAL CALICE WAS	214 710:50	E INTRUMY	Tal How his says			NO 🛅
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION			HOUR A.M		ZIC HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
ZId. INJURY OCCURRED VHILE NOT WHILE AT WORK THEET, FACTORY, FARM, ETC.) TIE. PLACE OF INJURY (AT HOME. IZII. LOCATION STREET CITY OR TOWN COUNTY STATE	V	CONTRIBUTING CAUSE O						
AT WORK AT WORK	WED	WHILE D NOT WHILE				CITY OR TOWN	COUNTY	STATE
	"	AT WORK AT WORK						
226 Certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X, and in my opinion			(70)			Undetermined manner		
			17.	0				
death resulted fram: Notural causes . Accident . Suicide . Hamicide . Undetermined manner .		SIGNATURE ALL	unli A	Cadrences	M.D. Deputy	MEDICAL EXAMINER	DATE 1/23/198	54
death resulted fram: Notural causes . Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY)		0.1	- //	//./	7			3
death resulted fram: Notural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED . Deputy . MEDICAL EXAMINER . SIGNED	1	(TYPE OR PRINT)	sto P. Kod	lrigue, M.D	ADDRESS	Rayburn Ct., To	emple Hills, Mo	d.
death resulted fram: Notural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . M.D. Deputy MEDICAL EXAMINER . SONED . M.D. Deputy MEDICAL EXAMINER . Temple Hills. Md.	23 ₀ .	BURIAL, CREMATION, REMOVAL	23b DATE		NETERY OR CREMATORY	23d. LOCATION	COHNTY	re .
death resulted fram: Notural causes . Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . M. Deputy . MEDICAL EXAMINER . SIGNED . M. Deputy . MEDICAL EXAMINER . SIGNED . M. DEPUTY . MEDICAL EXAMINER . SIGNED . M. DEPUTY . MEDICAL EXAMINER . M. DEPUTY . M. DEPUTY . MEDICAL EXAMINER . M. DEPUTY . M. DEP					.11 Cemetery	Suitland, P	r. Geo., Maryl	and
death resulted fram: Notural causes . Accident Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE SIGNATURE . M.D. Deputy . MEDICAL EXAMINER . SIGNED . M.D. Deputy . MEDICAL EXAMINER . SIGNED . M.D. ADDRESS Accident Temple Hills, Md ADDRESS Accident Suicide		FUNERAL DIRECTOR Lee	Funeral Ho	ome, Inc.	25a. DATE	REC'D. BY REGISTRAR 256	GISTRAR'S SIGNATURE	1
death resulted fram: Notural causes . Accident. Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) DEPUTY MEDICAL EXAMINER . SUICIDE . M. DEPUTY MEDICAL EXAMINER . DATE . 1/23/1984 EXAMINER'S NAME Avgusto P. Kodrigue . M. Deputy MEDICAL EXAMINER . DATE . LOCATION . COUNTY . STATE . SUICIDE . LOCATION . COUNTY . STATE . DATE . SUICIDE . LOCATION . COUNTY . STATE . COUNTY . COUNTY . STATE . COUNTY . COUNTY . STATE . COUNTY .	2	Old Alexander H	erry Road	Clinton, M	D 71A	N 3 0 1984 1 %	an I Carrely	1

20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH 1. DECEASED NAME MONTH 26 HOUR TYPE OR PRINT John HAT.I January
6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH MONTH YEAR Male White 1896 December 4 O BIRTHPLACE I STATE OR FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Virginia Prince George's County WIDOWED TO DIVORCED | 126 KIND OF BUSINESS OF II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lanham Doctors Hospital of P.G. County Cab Driver Transportation JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d, INSIDE CITY LIMITS? P.G. Co. NO Maryland Tuxedo 5902 Arbor Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Unknown ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT University Park (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-18-2960 Harvey Hinnant 6502 Baltimore Ave. Maryland No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: INTRACEREBRAT BLEED MINUTER IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which DUE TO, OR AS A CONSEQUENCE OF & IDIOPATHIC THOMB OF TOKENIC A

(c) ACUTE MYELOMENOUS LEVELINA gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF THE TENANT DISEASE OR CONDITION GIVEN IN PART IN CERTIFICATION 14s DIATE OF OPERATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSY? 28h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODE YES I NO IT 21s. ACCEDENT WAS UNDERLYING [1] 216 TIME OF INJURY THE HOW INJURY OCCURRED. LONGER MATCHS OF PRICES IN CITIES IN CONTRACT TO DEFINE TO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF BEATH IN EITHER, PACIFY MEDICAL EXAMINERS P.M. 10 214. INJURY OCCURRED 71s. PLACE OF INJURY 211 LOCATION 0 AT HOME STREET, FACTORY, OFFICE FARM, ETC.) OUT OF TOWN COUNTY STATE this haspital) attended the deceased from r) opinion death occurred on the date and hour and from the course stated 22L DAY MEDICAL ATTENDING DIRECTOR THYSICIAN I MPORTANT MAME (THE DEPENT Te ADDRESS ld b SCHISTLER £ 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE 23ª BURIAL CREMATION, REMOVAL Feb/1/84 Burial Washington National Suitland, P.G. Co., Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 Riverdale, Maryland Chambers Funeral Home (VRA 15, 4)

the second and the second the same of the sa Manager of the content of the content when the content of the cont M. State Committee of the Committee of t Thing the Committee of the second second second The second secon May be a sil but by home - Cast A STORE STREET STREET STREET STREET PER OSTERA STREET STREET

2/75		REGISTRAR LEASED NAME OR PRINT)	V Man	MIDDLE	#	all.	REG. N	_	AY YEAR 21	9 4
M	3 SEX	Male	4 RACE Blac	k	5. DATE OF		6 AGE (IN YEARS LAST BI			OURS
and the	7a. BII	RTHPLACE (STATE OR FOREIGNUTRY) aryland		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED [-Tru	- De	0.	
s ofter d	A	TY OR TOWN OF DEATH	23200	Banneke	er Bl	r other institution vd	Truck Dr	TION OF WORKING LIFE 1Ver	12b. KIND OF E	as E
hin 24 hours by filled in the should be till	13a. S	L RESIDENCE (# NURSING I TATE 136 MD	home or other institution $P \cdot G$	13c. CITY OR TOW Aquas	co	134. INSIDE CITY LIMITS'	23200 Ba	nneke:		Sle
d 2	14. FA	THER'S NAME FIRST Unl	Known	LAST		15. MOTHER'S MAIDEN Gortru	de Hattie		Hål	11
be executed on and camp rs. Pages 1 on		VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES) WW 11	226-18		17. INFORMANT Gertrud		SAA	APPROXIMA BETWEEN ON	
he death ce he attending emove carb mation, or r er troumatic		Conditions, if any, will gave rise to immedicause (a), stating	hich (b)_	DR AS A CONSEQUE	port	Myrcad	do att	-CI MIC		
quires that the signed by the Then please retto burial, cremplary, ar other	TION	gave rise to immed cause (a), stating underlying cause I	hich (b) ide (b) the DUE TO, C (c) (c) CANT CONDITIONS C	OR AS A CONSEQUI	ENCE OF		RMINAL DISEASE OR CO			is used
quires that the signed by the Then please retto burial, cremplary, ar other	ERTIFICATION	gave rise to immedicause (a), stating underlying cause I	hich (b)_liate (he lost. (c)	OR AS A CONSEQUI	DEATH BUT I	N WAS PERFORMED	RMINAL DISEASE OR CO 20c. AUTOPSY? YES NO URRED (ENTER NATURE OF IN.	20b. IF YES IN CERTIFY YES	, WERE FINDING YING CAUSES O	S USED F DEATH NO
ding physician. is certificate has been signed by the buriol-transit permit. Then please re. Mental Hygiene priar to burial, crem Act 18 shows any injury, ar ather them.	EDICAL CERTIFICATION	gove rise to immed couse (o), storing underlying couse I PART 2. OTHER SIGNIFI	hich (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OR AS A CONSEQUI	DEATH BUT IN THE PER AT 19	N WAS PERFORMED	200. AUTOPSY? YES NO URRED (ENTER NATURE OF IN.	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	, WERE FINDING FING CAUSES O 5	F DEATH
DING PHYSICIAN: The law requires that the or aftending physician. After this certificate has been signed by this east the burial-transit permit. Then please recoth and Mental Hygiene prior to burial, cremmarked or ttem 18 shows gay injury, ar ather	MEDICAL CERTIFICATION	gove rise to immed couse (a), stoling underlying couse I PART 2. OTHER SIGNIFIE 19a. DATE OF OPERATION 19a. DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE) WHILE A WORK 270.1 certify that (1) (this saw the deceased of the stoling of the saw the deceased of the saw the saw the deceased of the saw the saw the deceased of the saw th	hich liste the DUE TO, Clost. CANT CONDITIONS CONDITIO	OR AS A CONSEQUIDATION FOR WHICH OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, The deceosed from A.M. C. 2 19.	DEATH BUT IN THE OPERATION OF THE OPERAT	21c. HOW INJURY OCC 21f. LOCATION STREET	200. AUTOPSY?	286. IF YES, IN CERTIFY YES	WERE FINDING (ING CAUSES OF CAUSES O	F DEATH
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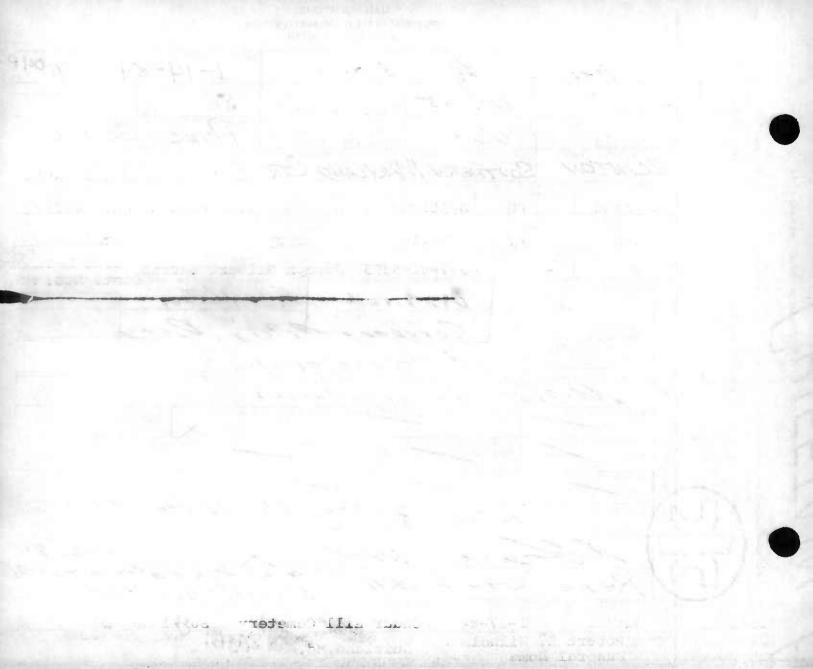
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Hyattsville	Hyatt	sville Mai	nor		Ret.Progre		val Gu	n Fac
	S HOME OR OTHER INSTITUTION TO GEORGE	13c. CITY OR TOWN Hyattsvi	1	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗋	13e STREET ADDRESS		20	743
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NO NO OR UNKNOWN)	W TES, GIVE WAR OR DATES	578-54-3	028	Ivan L. Harpst	ter(Nephew)	Same as	#13	
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Thomas L. Harman · 1 ols 1 the C t, Illino a United States Nyattsville H attsville Hance Re. rowsnasa-Javel Gun Perice Nov. lant Pr.George Hyettsville I thil-7 th Avenue - Harrister - lizateth 73-4-3 25 Ivan L. Annate. (Re Lex) Land on 13 burial Jen. 17,198 Fort Lincoln Coreter, John and Lance, Langelan J. 1.Leg's sons Cc.3(- hth St., MS, ach., DC2 CC2

	1.	FOR STATE		DEPARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE &	0 2 0	1 1		
M		REGISTRAR E ASED NAME FIRST OR PRINT)	MIDDLE		AST	REG. NO.	TH DAY YEAR	26. HOUR 7:04		
V)	3. SE		4. RACE	HARI 5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHOAT	Y) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
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1 pe #	USU,	AL RESIDENCE (IF NURSING HOME TATE 113b CO	OR OTHER INSTITUTION, GIVE RESIDE	. / ///// A.	13d. INSIDE CITY LIMITS?	Clerk 13e. STREET ADDRESS		Gov't		
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npapers. Pages I moval. vent, the medical		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES!	7-01-589	Joseph (Gilbert Harr	is 5700	Marlb		
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ond Meniol Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	DAY YEAR	21c. HOW INJURY OCCU	YES NOTIFIED (ENTER NATURE OF INJURY IN	YES THEM 18 PART 1 OR PART 21	NO 🗌		
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detached for us tate Dept. of He		22b. SIGNATURE	race	711.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DRECTOR PHYSICIAN	27c, DATE	SIGNED		
should be deta with the State IMPORTANT:		22d. PHYSICIAN'S NAME (174	PE OR PRINT)	- m	22e ADDRESS	spoon	up	9/1		
48 3 M	23a. (Burial, CREMATION, REMOV Burial	23b DATE 1-17-84	23c. NAME OF C	EMETERY OR CREMATOR Hill Cemet	CITY OR TOWN	and PG	STATE		
50M 4/82 15, 4)	24 F	Funeral		ADDRESS Suit	land, Md	23 B84 5 9 4 6	ECISTAR SICHIA	Week.		



FOR

REGISTRAR

- STATE

6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Prince-Georges 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1415 Torrey Place Jarboe ADDRENVattsville, Md. 20782 1415 Torrey Place RETWEENLOWS AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (***) opinion depth occurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3415 Hamilton St. Hwattsville, Md. Congressional Cemetery Washington, D.C. 20003 300-4th St.N.E. Wash.D.C. 20002 DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

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		REGISTRAR				ALTH AND MENTAL HYG	REG	NO 025	81	
-O + O		CEASED NAME FIRST	ATHERINE	DIE L.	HASTI	**	20 DATE OF DEATH		YEAR 2	16. HOUR 3:45P
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mple ely ond 2 ch	!	ATHER'S NAME James Levister	WIDDIE	LAST		15. MOTHER'S MAIDEN NA FIRST Minerva In	hiby		LAST	
Medicol		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) IF YES, G	RMED FORCES? 16	225-01-		Mary Shiffle	3804 37	th. Avenue City. Ma	ie irvlan	đ
requires that the dealer signed by the offer. Then please remove or to burial, cremation y injury, or other traun	TION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OF A	TRIBUTING TO D	NCE OF LESTH BUT N CALL	Melliha HOT RELATED TO THE TERM AS THE TOTAL	ort Promoter of Controls	INDITION GIVEN IN		
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	CEASED NAME	Albei			HAWKINS	LAST		DATE KNOWN	_	DAY YEAR	7b. HOU
0.50		RACE	Is. DATE OF BIRTS	I o		DER 1 YR. IF UNDE		DEATH MATED [I -	22 1984	F14 1409
	female	black	MONTH DAY		THDAY) MONTH			DATE ONOUNCED DEAD	1-2	2 84	83
FO M	RTHPLACE (STA	ATE OR		VHAT COUNTRY?	8 MARRIE	D NEVER MAR	RIED 🔲	BALTIMORE CITY		Y OF DEATH	
	TY OR TOWN C	DE DEATH			WIDOW		12a LISUA	Prince Ge			USINESS
Up	per Mari	lboro	6205 D	owehouse R	load	IN INCOMOTION	Hous	or of working life) ewife	TE OF WORK	OR INDUS None	TRY
	TATE	113b COUN	VTY	13c. CITY OR TOWN S Upper Ma	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREE	ADDRESS Dowerhou	ise Rd	. 2077	2
14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		LAST	~
	John		MIDDLE	Green		Lucy				Digg	S
	WAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	219-16-1		17. INFORMANT Rosa Wir	ndsor	3313 Por Upper Ma	s plar D arlbor		
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MEDICAL	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF CCURRED NOT WHILE AT WORK y that I took char d from Natural	21b. TIME (HOUR A. DEATH P. 21e PLACI STREET, FA	DITION FOR WHICH OF DE INJURY M. MONTH DAY YI M. 19 EOF INJURY (AT HOME CTORY, FARM, ETC.) Accident	PERATION W. 21t HC EAR 211 LOG N Autaps Suicide	AS PERFORMED? OW INJURY OCCURF CATION TREET J. Inspect Hamicide HELSPECIFY) D. ADDRESS 5009	RED (ENTERNAL O O O O MEDIC Raybur	Inquiry A, on onined manner CaleXAMINER	cou and in my ap , DATE SIGNE	YES YES 1 1 1 1 1 1 1 1 1	NO STATE
230. B	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF CCURRED I NOT WHILE AT WORK y that I took char d from Natural NAMEAUGUS ION, REMOVAL	21b. TIME (HOUR A. DEATH P. 21e PLACI STREET, FA	DITION FOR WHICH OF OF INJURY M. MONTH DAY YE M. TO E OF INJURY COTORY, FARM, ETC.) Accident .	EAR 211 LOC S Autaps Suicide	AS PERFORMED? OW INJURY OCCURR EATION INSPECT Hamicide D. ADDRESS CREMATORY STORY CREMATORY	RED (ENTERNAL AND MEDIC Raybur 133 LOC Mea	Inquiry , on nined manner	DATE SIGNED	YES INTY Inion 1-22-84 prings.	NO C

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DHMH - 16 50M 1/81

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 0333081 DECEASED NAME HOMER JANUARY 29 1984 FRANCIS HEATON 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) SEPTEMBER 11 1934 49 YRS MALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY GEORGIA UNITED STATES WIDOWED DIVORCED [18. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ANDREWS AFB MALCOLM GROW USAF MEDICAL CENTER FOOD SERVICE MILITARY USUAL RESIDENCE HE NU 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? LT 31 KIRKLEY CT SOUTH CAROLINA MYRTLE BEACH Horry M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NASH WILLIAM HEATON Lillie Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LT ASPRESKIRKLEY CT 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 253-40-3169 YES KATHLEEN HEATON MYRTLY BEACH SC 29577 Viet Nam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: GARDO-PULMONARY ARREST IMMEDIATE CAUSE (o rdeno (arcinoma of the pancreas, metastasized Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF to the liver and bone couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? X NO YES [NO I 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ 15 JANUARY - 19-84 saw the deceased alive on 29 TANUARY above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

TAKUO SONODA M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

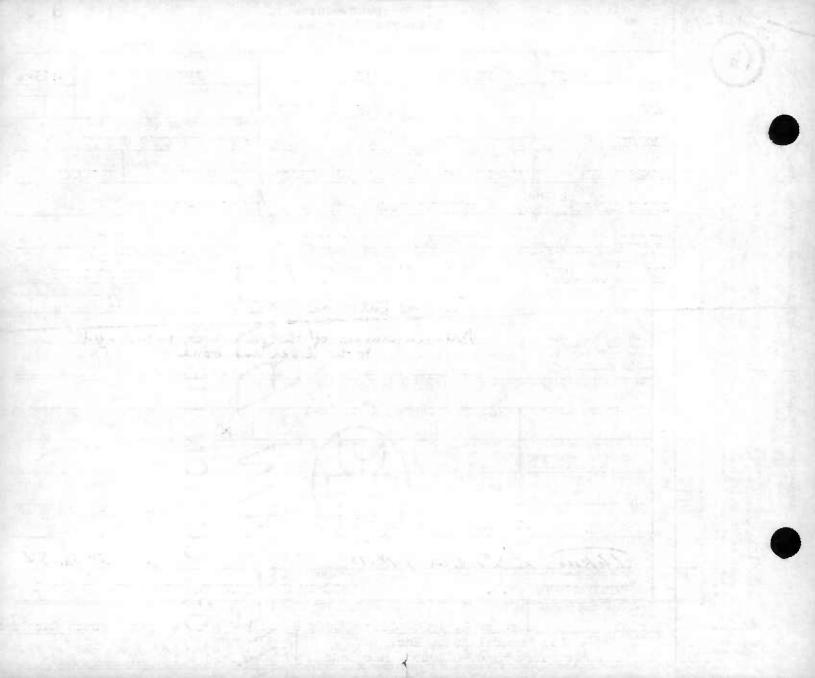
FOR

MALCOLM GROW USAF MED CEN AAFB, MD 20331 23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

February 2, 1984 Ocean Woods Cemetery Burial Myrtle Beach, South Carolina 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Lee Funeral Home, Inc.

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland



FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO	GIENE REG. I	VO.	
1. DECEASED NAM	E FIRST	M	IDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUF
(TYPE OR PRINT)	Floren	ce T	stelle	He	lgesen	Jeni	ary 23.	1984 3:25
3. SEX	1 10101	4. RACE	DOCALC	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UP	DER TYEAR IF UNDER
Female		White		Sent	. 26, 1904	79	YRS.	HS DAYS HOURS
To. BIRTHPLACE	STATE OR FOREIGN		VHAT COUNTRY?	1.		9. BALTIMORE CITY		DEATH
Washingt	on. D.C.	U.S.	Δ.	WIDOWE	D NEVER MARRIED DIVORCED	Prince Ge	enroets (County
10. CITY OR TOWN		11. NAME OF H	OSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Homema	TION 1	26. KIND OF BUSINES NOUSTRY HOME
anham USUAL RESIDENC	F LIF NURSING HOME O	DOC LOTS			P.G. County	nomema	ver.	поше
Maryland	13b. COL	NTY	Hyattsvi	VN	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	3710 Har		(20784)
14. FATHER'S NAM		MIDDLE	DiMarzo		15. MOTHER'S MAIDEN NA	E. MIDDLE	Se	hwazenbacl
160 WAS DECEAS (YES NO OR UNK!		IVE WAR OR DATES)	219-64-(17. INFORMANT Florence Ma:	rie Warren	RE3712 Ha Hyattsv	rmon Ave.
cause (o underlying	to immediate, stating the couse last	100	RONG	OBST	CONGESTIVE P	DLMONAR	1 DISEN	E
		HARY	A -	TER	NOT RELATED TO THE TERM		NDITION GIVEN I	N PART 1(0)
190 DATE O	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		ERE FINDINGS USED G CAUSES OF DEAT NO
00.000,000	T WAS UNDERLYING TING CAUSE OF D OTIFY MEDICAL EXAMIN	HOUR A.A	A. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)
(IF EITHER N 21d. INJURY WHILE AT WORK	NOT WHILE	210. PLACE C	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR	rown	COUNTY ST
sow th above,	e deceosed olive o (l) (we) (did) (did r	n ot) view the body o	191	3.7_,0	nd that in (my) (****) opinion	death occurred on the	dote and hour and	
22b. SIGNA	ink	V	· meh			MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	Jan/23/84
	Arvind M.	Mehta,	M.D.		22. ADDRESS 3700 East W	est Hwy. 1	Hyattsvi.	lle, Maryl
230. BURIAL, CREA	ATION, REMOVA		23 _€ .		CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	cc	YINU

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and is should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

24. FUNERAL DIRECTOR
NAME
Chambers Funeral Home Riverdale, Maryland

terminging, Date of C. C. C. C. C. C. Colons consider a series The same of the sa The second control of the second seco for all MAN and Manager and a second second E LE SE LES ES Telegraphy and the second of t white conjugate the commence of the conjugate of the conj washers the one threshes, saying JAN 2 (VED July) Chief ?

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.	2 3	ટ
.E	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	HERNDON	1-16-84		10:0
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2
2	Oct. 14,1916	67 YRS.	MONTHS DAYS	HOURS
AT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	MARRIED XXNEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	COUNTY	
	G HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND O	

/											
		OR PRINT)	FIRST		MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(I AME	J	AMES		R.	HERN	DON	1-16-84			10:04
	3. SEX	<		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS.
		Male		Wha	te	Oct	. 14,1916 YEAR	67	YRS.	NIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		FDEATH	
7	C	COUNTRY)		U.S.A.		WIDOWE	DIVORCED	PRINCE GEO	RGE'S (CUNTY	241
4	10. CI	Tenn.	ATH			,	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	17b. KIND O	OF BUSINESS OR
6	CI	LINTON		SOUTHE!	RN MARYLA	ADDRESS)		(TYPE OF WORK FOR MOST O	river I	industry imond	Cab Co
5	13a. S	AL RESIDENCE (IF NUR TATE aryland	Ub, COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWI Mechanic	N	13d. INSIDE CITY LIMITS?	Rt. #4 Box	196	20	659
20	14 FA	THER'S NAME FIRST OY Herndo		WIDDIE	LAST		15. MOTHER'S MAIDEN NA Susan			LAS	л
1	16e: W	AS DECEASED EVER	IN U.S. AR		165 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
A STATE OF THE PARTY OF THE PAR		res, no or unknown) Yes	E WAR OR DATES)	223-14-4259 Eltha V. Hern			endon Same as # 13				
		PART I. DEATH V Solutions, if ony gove rise to im cause (o), stati underlying caus	VAS CAUSE IMMEDIA1 r, which mediate ng the	D BY: TE CAUSE (o) DUE TO, O	Sev	ere NCE OF	Brady CA Heute Pro ogenic Sh ny ocar die	Intare	re-	3 h	MARIE INTERVAL ONSET AND DEATH ONE TO S
アメ	CERTIFICATION	PART 2 OTHER SIG SEVEY E 190 DATE OF OPERA	Per.	196. SOND	e Vasc.	DIS OPERATIO	NOT RELATED TO THE TERM Stroke N WAS PERFORMED Istal Aarta	AINAL DISEASE OR CONI SEVENE / 200 AUTOPSY? YES NO P	20b. IF YES, V	VERE FINDIN	1210515
9	EDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. IN JURY OCCUP	CAUSE OF DEA	P.			21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART	1 OR PART 2)	
	MEC		HILE []		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I sow the decea above, (I) (we)	sed olive on		1/15 198	¥, or	nd that in (my) (par) opinion	death occurred on the do	19 ste and hour a		and the last of th
		776. SIGNATURE	and	10.3	Ferson,	m		MEDICAL STAF	FIAN	77. DATE	SIGNED 4
1		Richar Richar		son, M.	o		9401 Indian	head High	way	20057	20744

IMPORTANT: IF IN 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

FOR STATE REGISTRAR

23c. NAME OF CEMETERY OR CREMATORY

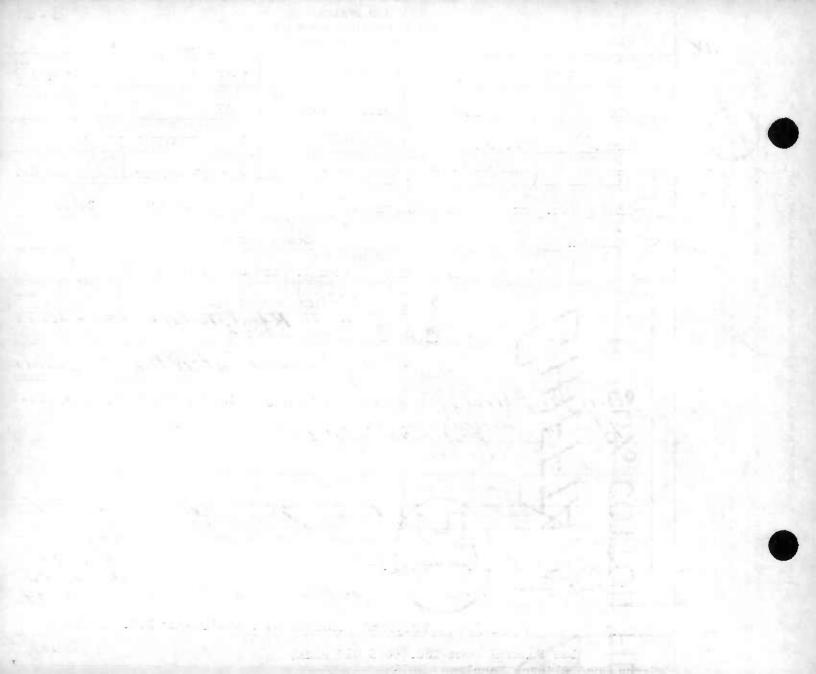
Cheltenham P.G. Maryland State Maryland Veterans Cem. 1/19/84, Burial
24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Lee Funeral Home The. 6633 Old Alex,

250. DATE REC'D



0/1	/				STATE OF MARYLAND	0 0	
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VIN	As.		STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE OF	F DEATH REG. NO.	
387	Nº		EASED NAME FIRST	WIDDLE	LAST	2a DATE KNOWN AND MONTH	H DAY YEAR ZI HOUR
- 41	W 1 10 -	(TYPI	OR PRINT)		*** * * *	OF ESTI-	
1.	SRR22E	2 CEV	James		Hiatt GE (IN YEARS IF UNDER 1 YR. IF UNDER 2		30 19 84 M
To	Sprok	J. 5E	la le TRACE	MONTH DAY YEAR LA	ST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	12.50
Ψ	5/853 An		WHITE		ZYRS.	DEAD 1	30 1984 D M
	SE SECTION	7a BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COU	NTY OF DEATH
			ASH, DIC,	USA	WIDOWED DIVORCE	D Prince George	's County MD.
	WHANG !	10 CI	Y OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION TYPE OF WORK	126. KIND OF BUSINESS
	DELAY IS TO THE N PAGE BE FILED	1	Brandywine	(IF NOT IN SUCH FACILITY, GIVE STREET A		A MOST OF WORKING RIFE)	OR INDUSTRY
No.	DENEGO	USUA		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	· ici / fictionicy	20613
21201	Z9EZS	13a S	ATE 13 SOUN	IX III OR T		13e. STREET ADDRESS	4576
	T A STA	1		TEORGES BRAN	DYWINE YES NO [10505 EDAR	TILLE VO.
¥	E-SS-I	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDER	N NAME MIDDLE	LAST
E.	\$85k00		WHN EDG	SAR HIA	TT BETTY	HUNE -10,	HNSON
WO	N NOW WE	~ (V)	AS DECEASED EVER IN U.S. AR	WAR OR DATES!		ADDRESS 5	Manual CA. DA
ALT	JRS AFTER S. GIVE PA WITH FO F. PAGES DIVISION	Y	ES	519-	40-7448 MONICA	HIATT (KINTO	NIMA.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	WITH WITH DIVIS		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TST	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a) Hanging	1		BETWIEN ONSET AND DEATH
Ď.	24 H LICON LICON CGIEN OVAL	10	9530 MMEDIA	DUE TO, OR AS A CONSEQU			
S	EMC EMC	1.4	Canditians, if any, which				
0.	N N N N N N N N N N N N N N N N N N N		gave rise to immediate cause (a) stating the under-		TELLOS OF		
5	XAMINER XAMINER AL-TRANS MENTAL H		lying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
. 20	HOULD BE EXECUTED WITHIN 24 HOURD PENDING" IN PENCIL IN ITEM 18 HIEF MEIONG "AND PENCIL IN ITEM 18 HIEF MEIONG "A BURNAL TRANDIT PERMITOR HEALTH AND MENTAL HYGIENE, IRIAL CPEMATION, OR REMOVAL."			(c)			
RDS	WAI A BE		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH RUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	/ 1 ta	
8	# Sesse	CERTIFICATION					
2	DE FEBRUARY	3	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY?
¥.	子を言いる	Ě	11.00				YES NO
>	SEPERATE SE	1	21a. EXTERNAL CAUSE WAS	216 TIME OF INJURY	21¢ HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
2			UNDERLYING XOR CONTRIBUTING CAUSE OF	DEATH ? P.M. 1 30	184 Subject hange	ed self	
S S	RTIFIC VG TII VG TII SHOI RICA	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY (AT		24 5011	-
N	S C C C C C C C C C C C C C C C C C C C	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	OUNTY STATE
	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD CONTROLLED THE WORD "PROCEED SHOULD BE FORWARDED TO THE CHIEF FUNERAL DIRECTOR: PAGE 35 SHOULD BE TOWNED BY THE STATE DEPARTMENT OF HE WORD, WITH THE STATE DEPARTMENT OF HE THINDSE, MARYLAND, 21201 PRICK TO BURIAL.		AT WORK AT WORK	home		lle Rd,Brandywine,	P.G.Co, Ma.
	A TES		220 I certify that I bear charg	or of the remains described above, he		. Inquiry . and in my	apınian
	CERTIFICA JLD BE FC DIRECTOI WITH THI		death resulted from // Nimi	pl coures . Acident .	de X, Hamicide	Undetermined manner ,	
	EXAM CERTI UILD E DIRE WARY			(1/)()	TITLE (SPECIFY)		
	A. A.		ACTUAL SIGNATURE	musik Tui		LEREDICAL EXAMINER SIGN	E 1/31/84
	SHOUL SHOUL	1			V		
	SECTION AND AND AND AND AND AND AND AND AND AN		EXAMINER'S NAME (TYPE OR PRINT)	THOMAS D. SMITH	I, M.D.	ll Penn St. Balto	., Md.
	ON ONE -	12.60	MAL CREMATION REMOVAL	12h DATE TOTAL	ADDRESSADDRESS	23d LOCATION	
	STATE OF STATE OF	10	PERMITTAL NOT REMOVAL	TES > 1000	OF CEMPTERY OR CREMATORY	CITY OR TOWN	YTANDO
	BP	1	INERAL DIRECTOR	15017/187 186	REMATORY	EC'D BY REGISTRAR 1756 REGISTRAL	
	DHMH - 17	1000	HAME / / / / //	00 Box V	10-1-1		Contract of the contract of th
	(VR A15 ME (5))		year veca	getonte H	PLINGFOY CAS	, , , , , , , , , , , , , , , , , , , ,	
	20M 4/82		/				

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HALL DIC MAN KET Priving USEF MARGAMO B. GERRES BERNOVELINE X 10505 CERME HILE RO. Town Easing Higher Phone Hours Town Co. Da. 7655

REMARKS TED -1984 LEE (REMARKS)



Gasch's Sons F.H. P.A. Hyattsville, Maryland

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12

MARRIED NEVER MARRIED

YESXXX

17 INFORMANT

YEAR

13

DIVORCED

NO

FIRST

13d. INSIDE CITY LIMITS?

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Clinton

REG. NO 26 DATE OF DEATH MONTH YEAR 2b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH DEARARS 12h KINDAR BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Truck Driver 9532 Temple Hill Rd. 20735 15 MOTHER'S MAIDEN NAME LAST IINKNOWN 2304 Brooks Drive #201 Geraline Chapman Suitland, MD 20746 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

underlying couse 196 DATE OF OPERATION

CERTIFICATION

FOR

REGISTRAR

EDWAR

L DECEASED NAME

Male

Maryland

14. FATHER'S NAME

MD

78 BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

UNKNOWN

Conditions, if ony, which gove rise to immediate couse (a), stating the

166 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

- STATE

(TYPE OR PRINT)

3. SEX

218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY

P.M

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

LAST

166 SOCIAL SECURITY NO

579-09-8270

U.S.A.

Georges

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

(IF YES, GIVE WAR OR DATES)

Prince

Black

19

YEAR

211 LOCATION STREET

DEGREE

54, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

CITY OR TOWN

_, that (I) (we) lost

22c. DATE SIGNED

COUNTY

STATE

236. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

226.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on 12 12 obove, (I) (we) (did) (did not) view the body after death

22e ADDRESS

7501 Surratt 5

ATTENDING

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

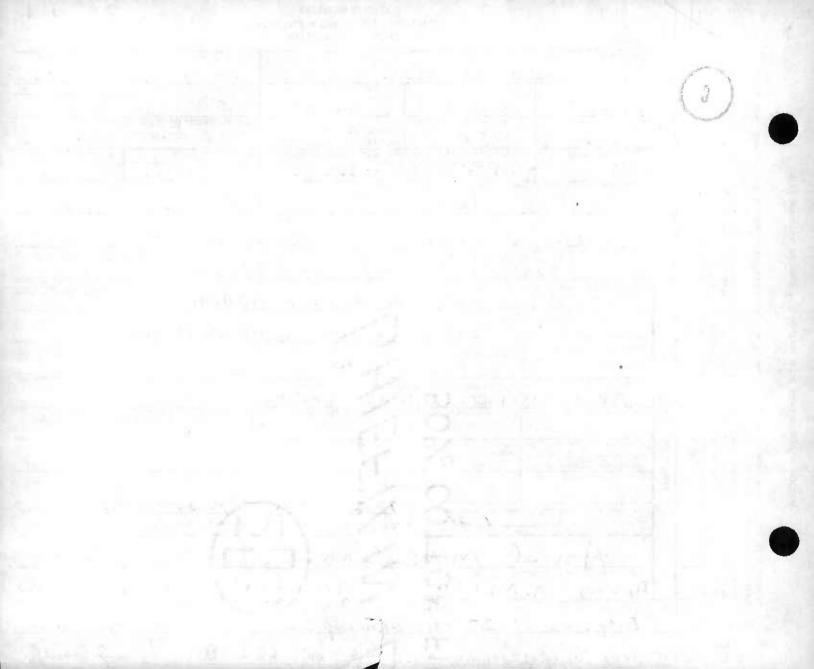
22b. SIGNATURE

24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME. INC. 4339 HUNT PLACE, N.E.

Harmony Memorial Park

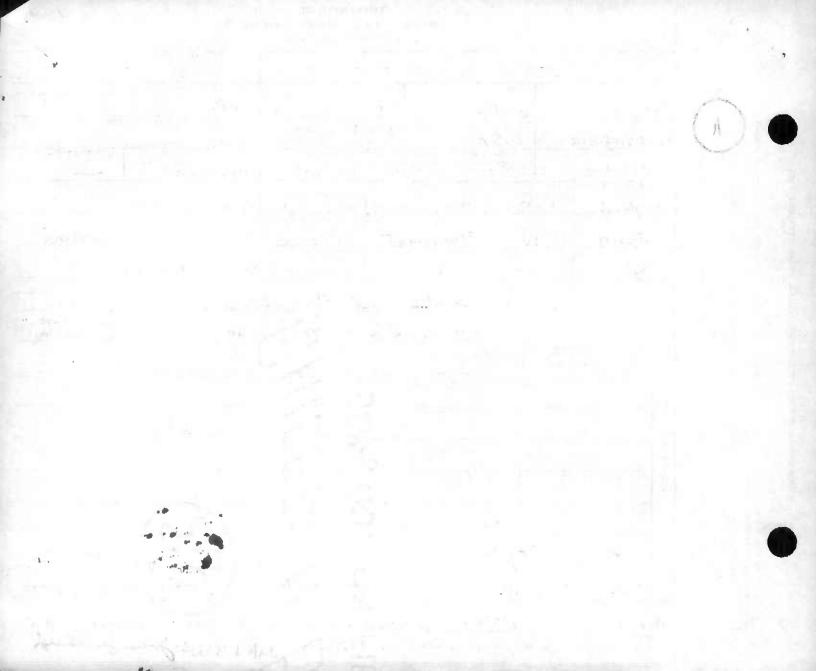
Landover Prince George's MD REGISTRAR 25 FREGISTRAR'S SIGNATURE

ROLLINS FUNERAL HOME, INC.
4339 HUNT PLACE, N.E.



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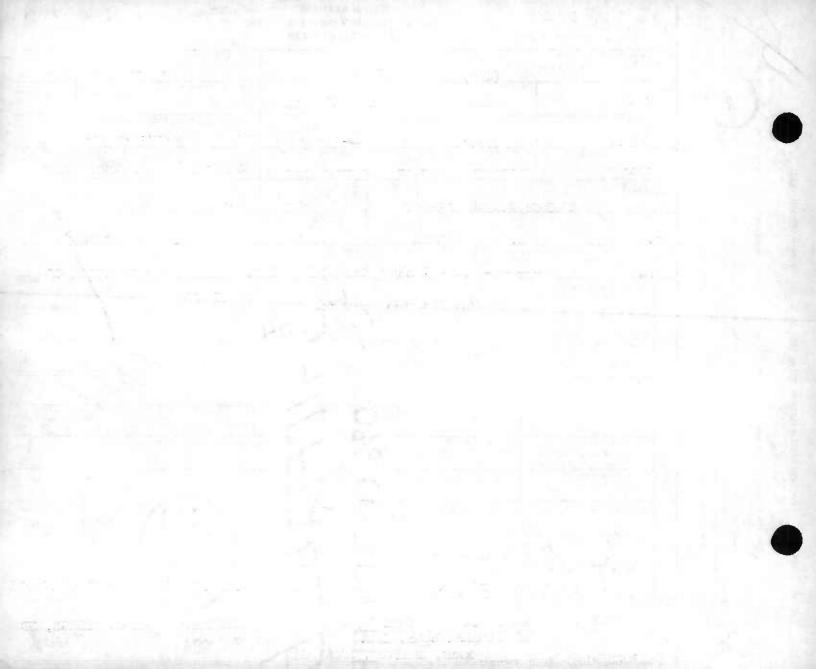


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DHMH - 16 50M 4/82

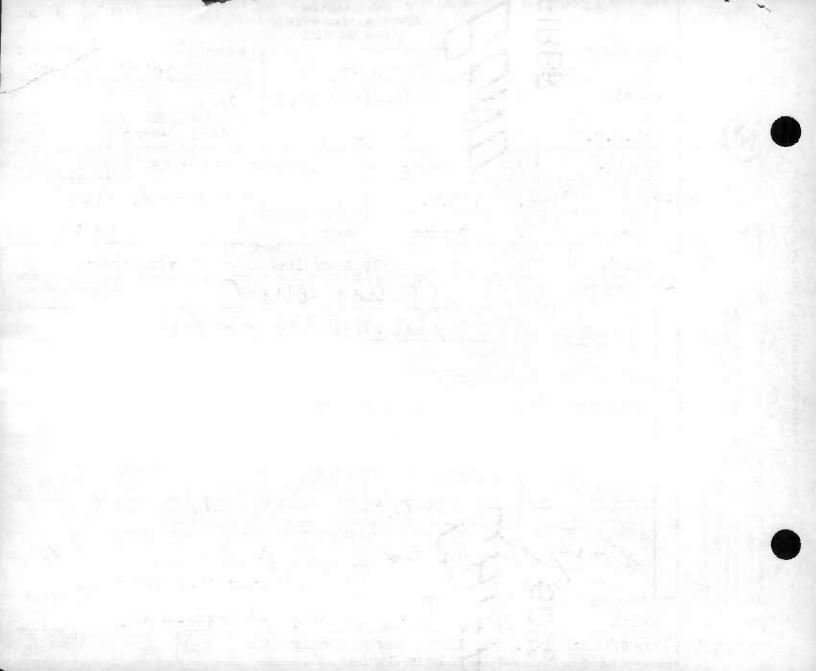
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66330LD ALECANDER FEED



Silver Spring Md

(VRA 15, 4)



ROLLINS FUNERAL HOME, INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DAJE REC'D. BY REGISTRAR 256. PETS ISTRAR'S SIGNATURE

2h. HOUR

2:10 P.

IF UNDER 24 HRS

20743

STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

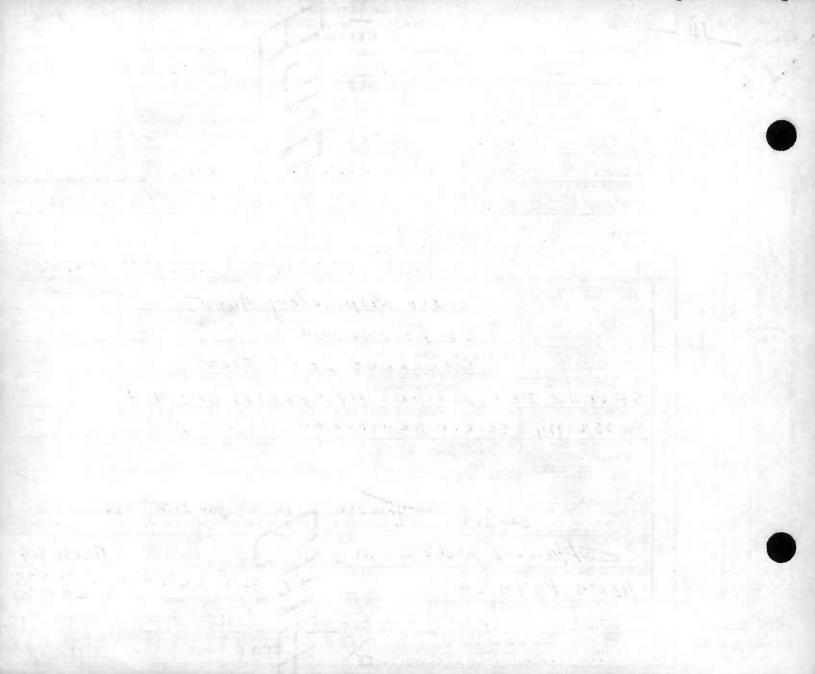
FOR

- STATE

REGISTRAR

500 UNIV. BLVD., W. . SILVER SPRING MD. 20901

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN DAY YEAR . 2h HOUR (TYPE OR PRINT) ESTI-Huffman 84 Thomas DEATH MATED 19 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 1984 Male DEAD FEB 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WEST WIDOWED M DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY H FACILITY, GIVE STREET ADDRESS) Takoma Park Flower Avenue USUAL RESIDENCE (IF IN NURSING TOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2091 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRES BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE RICE MIDDLE SAMUEL 7. INFORMAN ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MASCAUSED BT:

Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 chronic obstructive pulmonary disease, adenocarcinoma of the prostate 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Suicide Undetermined monner death resulted from: Notural causes TITLE (SPECIFY) DATE 1/9/1984 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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M 2	1-	STATE REGISTRAR			R'S CERTIFICATE O		E
		CEASED NAME FIRST		WIDDLE	LAST		ONTH DAY YEAR 25 HOUR
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# DE CENT	Ma.	A TAKE	1 29	18 65 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DOA	1 14 1984 9:50 a. M
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DEATH. IF DEATH. IF GES 1, 2, M PM 3. AND 2 SH OFWIAL F	14. F/	ATHER'S NAME WILLIAM	B _{WIDDIE}	Hutchinsor	15. MOTHER'S MAIDE Myra	AA IDIDI E	Wathen
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DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PF		270 I certify that I took charge	ol couses D.	Assident , Suicion	M.D. TITLE (SPECIFY) Deputy	Undetermined manner .	DATE 1/14/1984 IGNED 1/11/18, Md.
PAGE TO PAGE T	23a.8	URIAL CREMATION REMOVAL 72	b DATE		tery or crematory d Veterans	23d LOCATION CITY OR TOWN Cheltenham	COUNTY Mary STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24. F	UNERAL DIRECTOR E NAME Suitland	Wilhelm Maryla	m Funeral I	Home JA	REC'P. BY REGISTRAR N 1 9 1984	AR'S FIGHTURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE LAST 2a DATE OF DEATH 76 HOUR LIYPE OR PRINTI NAOMI JACKLING A. January 2, 1984 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Fema.le Caucasian June 25 BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Prince George's County DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY US Navy Dept. Bowie 13203 Ithan Lane Accountant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Pr.George's 13203 Ithan Lane Maryland Bowie YES XX 20715 NO [FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Charles William Virgie Penwell Small wood 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Ithan Lane LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 234-38-9788 NO William C. Jackling Bowie, Maryland APPROXIMATE INTERVAL BETWEEN ONSE I AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 国 IMMEDIATE CAUSE (p) PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Stadder Cancer Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO DE YES [NO [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE BY NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from RE sow the deceased alive on black, (1) (we) (did not) we the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICTÁN'S NAME 22e. ADDRESS Suite 529 ld b MPORT 5530 Wisconsin Ave. Chevy Chase, MD Dr. Sands K. Irani, M. D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Cremation January COUNTY Metropolitan Crematory Alexandria 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE han 16000 Annapolis Road DHMH - 16 50M 4/83 (VRA 15, 4) Beall Funeral Home Bowie, Maryland

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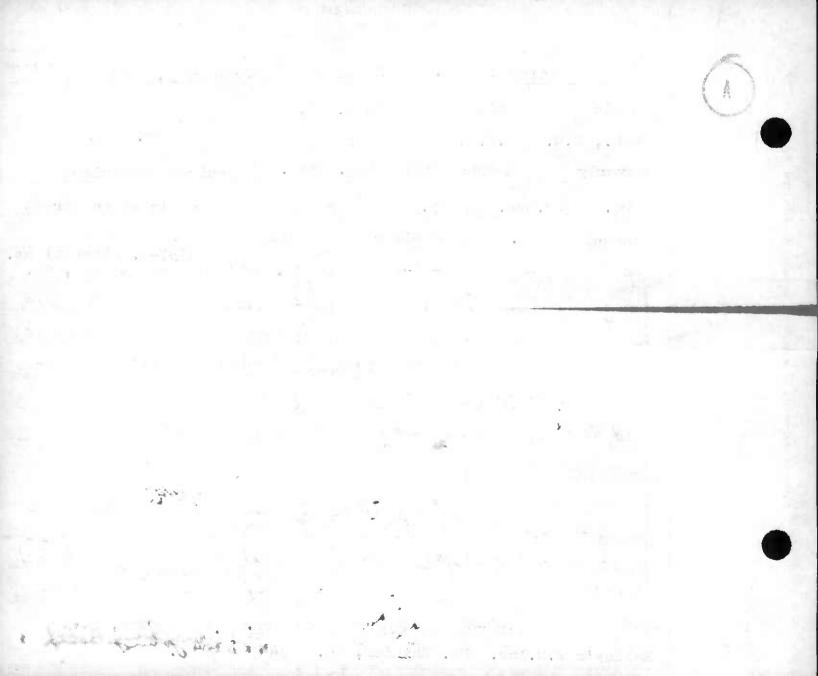
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George P. Kalas Funeral Home Oxon Hill, Md.

(VRA 15, 4)

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE- RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES REDE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGES 34 HOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AN EDEPARAMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	gave ris- cause (a) lying caus	ss, if any, which to immediate stating the under se last.	(b)	OR AS A CO	NSEQUENCE OF NSEQUENCE OF ATED TO THE TERMIN OSIS.SE	al Oiseasi	FOR CONDITION GI	IVEN IN PART 1 (0	4.			
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McGuire Funeral Service, Inquashington, DC 20012

FOR

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DHMH - 16"50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

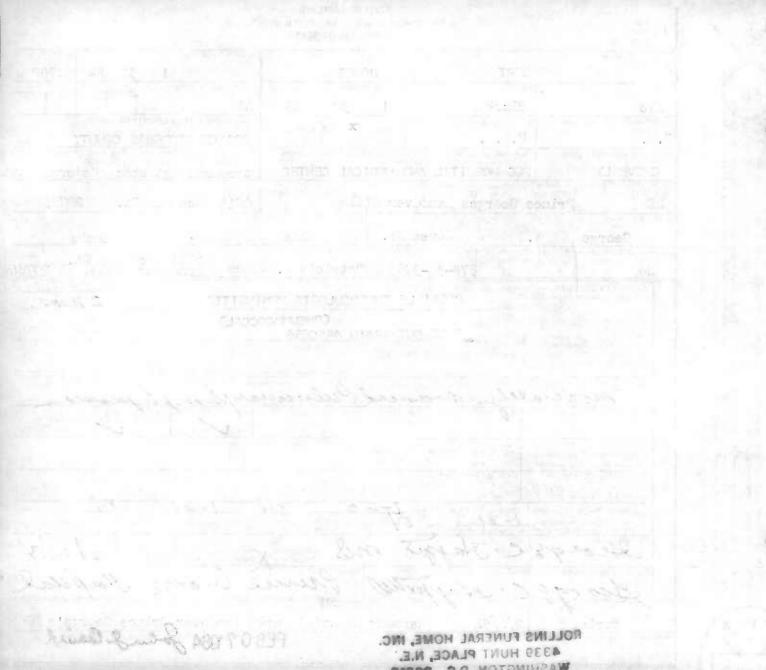
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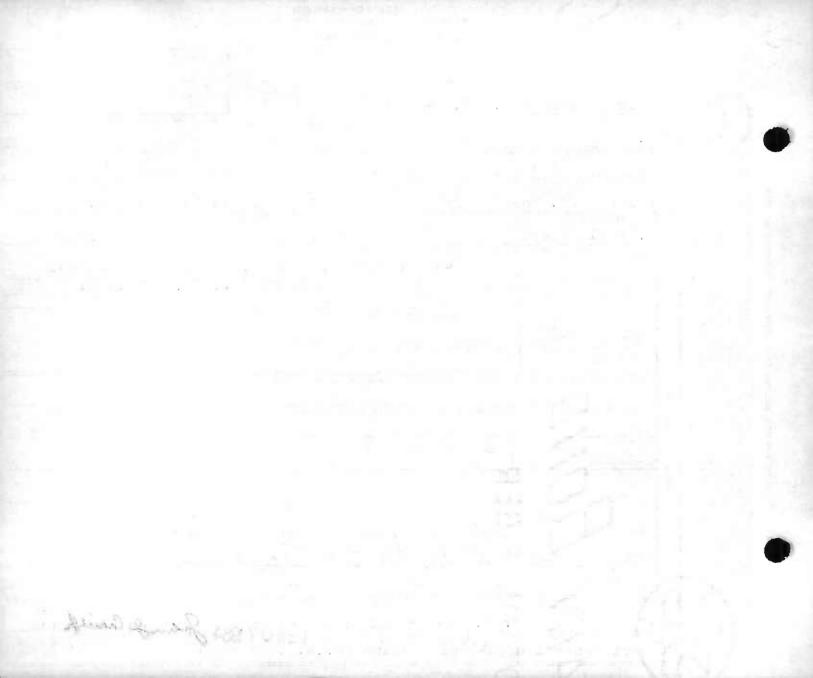
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A PO	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG	02503
	I. DECEASED NAME FIRST MIDDLE LAST : 20. DATE OF DEATH	
75 %	HERBERT JONES	01 31 84 9:30P M
(A &)	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST	T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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ryLAND 212: ithin 24 hour tely filled in 1 2 should be f		ss hanan St. 2078
E, MARYLA completely f	14. FATHER'S NAME FIRST George W. Jones Sr. Ella Middle Mi	Stocks
I., BALTIMORE, MARYLAND 2120 ificate be executed within 24 hours physician and campletely filled in by npapers. Pages 1 and 2 should be fill mavol. went, the medical examiner must be no	No 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 68 No 17. INFORMANT 68 Patricia A. Jones La	oress 11 Buchanan St. Indover Hills, MD 20784
RECORDS, 201 W. PRESTON ST., low requires that the death certifines been signed by the attending pheremit. Then please remove carbon perpiar to burial, cremation, or remove only injury, ar other froumatic every	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: POSSIBLE TUBERCULOSIS MENINGITIS DUE TO, OR AS A CONSEQUENCE OF CHEUMOCOCCAL) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CHEUMOCOCCAL) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CO. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CO. 19. DATE OF OPERATION IN CONDITIONS FOR WHICH OPERATION WAS PERFORMED TO AUTOPS TO THE TERMINAL DISEASE OR CO. 21g. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (ENTER NATURE OF INSTITUTE OF IN	798: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES DO O
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Trat by the State details state NNT: I	226. SIGNATURE DEGREE ATTENDING MEDICAL STRENG DIRECTOR PHY 226. ADDRESS 220. ADDRESS	STAFF YSICIAN 222. DATE SIGNED 222. DATE SIGNED 22 27 27 27 27 27 27 2
TO HOSP retained TO FUNE should be with the	Leorge C. Happiral Truck Clo	198 Halician
BP	23d. Burial 27b. Date 23c. Name of Cemetery or Crematory 23d. Location City or row Harmony Memorial Park Landove	er Prince George's MD
	Burial 2/4/84 Harmony Memorial Park Landove 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME. INC. 25 COMPRESSION PROPERTY OF THE PROP	RAND DELYRANGE SAMEURES
DHMH - 16 50M 4/82 (VRA 15, 4)	4339 HUNT PLACE, N.E.	9



STATE OF MARYLAND

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3	S. S.		L CAUSE WAS	21b. TIME OF	MONTH DAY		OW INJURY OCCURE	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
5	CAL	UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH P.M	. 19							
	MEDICAL	21d. INJURY C	OCCURRED		OF INJURY (AT HOM	E. 21f LC	OCATION STREET		ITY OR TOWN	COL	UNTY	STATE
	2	AT WORK	NOT WHILE C									
				e of the remains des	cribed abave, held o	on Auta	psy X, Inspecti	an .	Inquiry .	and in my ap	oinian	
		death result		N EI A	Accident .	Asuicide L	Homicide	Undetern	nined manner],		
			141	711	// //	/	TITLE (SPECIFY)					
		ACTUAL SIGNATUREZ	1 XI	Mark	Mark	1	M.D.Deputy C	hi exferic	AL EXAMINER	DATE SIGNE	1/30	/84
2		/	1	4	.,,,,	1			TO ENVIRONMENT	0.0		
L	-	EXAMINER'S (TYPE OR PRI	NAME Tho	omas D. Si	mith, M.D.		ADDRESS 111	Penn St	t., Balto	o., Md	. 21201	
		URIAL, CREMA	TION, REMOVAL 2				OR CREMATORY	23d LOC/		and the		STATE
		urial	001	eb. 1.1			n Cemeter	Nat	c) Qtoch	Q Ca	will a	na
	24 F	JNERAL DIREC	TOR JOHN	U 7. X	ewant,	111	七世	71198	EN THE	STRAR'S S	IGNATURE	
))	St	ewart	Funeral	Home T	001 Benr	ing I	Rd., N.E.					
					/							



× -	1.	FOR STATE REGISTRAR		DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL H TIFICATE OF DEATH	YGIENE B C	2011
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9/ 65			de Estelle J	ORDAN		January 27, 198	4 7: 37p. M
a 4 a a a a a a a a a a a a a a a a a a	3. SE	x Female	4. RACE White		TE OF BIRTH ONTH 21, DAY 1895 AR	6. AGE (IN YEARS LAST BIRTHDAY) 88	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY)	76 CITIZEN OF WHAT	, MA	RRIED NEVER MARRIED DIVORCED	. Prince Georg	
s ofter d by the ful filed with	/	Lanham	Doctor	Hospitals	of Prince Geo	120. USUAL OCCUPATION (SATINGS PANTY OF WORKING	Store
BAITIMORE, MARYLAND 2/20 THE PERS FC cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. the medical examiner must be:	130		nce Geo. 13c N	SIDENCE REFORE ADMISS PORTOWN reallton	13d. INSIDE CITY LIMITS?	5821 Lamont Dr	oive 20784
AARYL ed withi ond 2 si		THER'S NAME PIRST J	9- 9	ley	15. MOTHER'S MAIDEN N	Missouri	Unknown
Do ond con medical		VAS DECEASED EVER IN U.S YES, NO ORUNKNOWN) [IF YE	CIVE WAS ORD DAVIES	OCIAL SECURITY N	O. 17. INFORMANT Timothy A.	2803 Spiral Bowen Bowie, Mo	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Dr. Rod ir if RULL C. COICH R. NG PHYSICIAN: The low requires that the death certificate that the squares that the death certificate has been signed by the ottending physicion. St. the buriel-transit permit. Then please remove carbon phand Amental Hygiene prior to burial, cremation, or remained or them 18 shows ony injury, or other traumottic every content or them 18 shows ony injury, or other traumottic every content or them 18 shows ony injury, or other traumottic every content.	NO	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE CONSEQ	DILLIM ECLEN DE MYOCA BUT NOT RELATED TO THE TE		
TALRECOR	CERTIFICATION	190 DATE OF OPERATION		FORWHICH OPERA	TION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
ON OF VITA HYSICIAN: I riding physici is certificate burial-transi i Mental Hygi or Hem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTING CAUSE OF CHEET CAUSE OF CAUSE	HOUR A.M. A	MONTH DAY YI	AR 19	URRED (ENTER NATURE OF INJURY IN ITEM T	3 PART I ORPART 2)
DIVISION NG PHY offer this os the but th and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN. (AT HOME, STREET FAC	CTORY, OFFICE, FARM ETC		CITY OR TOWN	COUNTY STATE
1. OR ATTENDI the hospital or 1. DIRECTOR. A stoched for use the Dept. of Heal		22a I certify that (I) (this h saw the deceased alix abave (II) web telidical 22b SIGNATURE	ospital) attended the dece e on 100 M 100 View the bady after o		DEGREE COUR	on death occurred on the date and h	19 24, that (II-(we) last aur and from the causes stated 22c DATE SIGNED Jan. 28.1984
TO HOSPITAL retained by the TO FUNERAL should be determined with the State		22d PHYSICIAN'S NAME (1	ERK. Rus) 57AG1, H	D 22e. ADDRESS 563	2 Annapolis	Rd. Suite 7
BP	23a.	BURIAL, CREMATION, REMO	23b. DATE 1/31/84	Pt.	OF CEMETERY OR CREMATOR Lincoln Cemete		P.G. Marylan
DHMH - 16 50M 4/83 (VRA 15, 4)		rancis Gasch's		al liome, P	•A• 250. D	B O 1 1984	L Cohield

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FEB 01 1884 John S. Course

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STATE

Hyattsville, Maryland

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

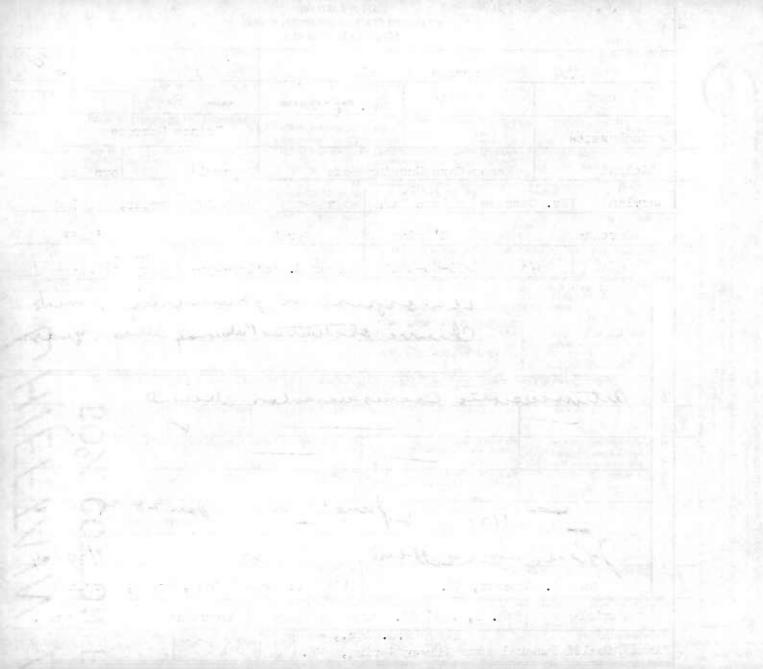
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STATE OF MARYLAND

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(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

70 H. L. C. AND AND ADDRESS OF THE PARTY OF ANTHORN S. CEONEE DELTHS STEEL S LOT LIGHT AND DRIVE Signal December 1 THE PARTY OF THE P SHOW IT AND MARKET THE TARREST THE PROPERTY OF DISKING F. H. BIHLEWARKING S. ANDERSON CLANS DEBLOOK F. L. C. L.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

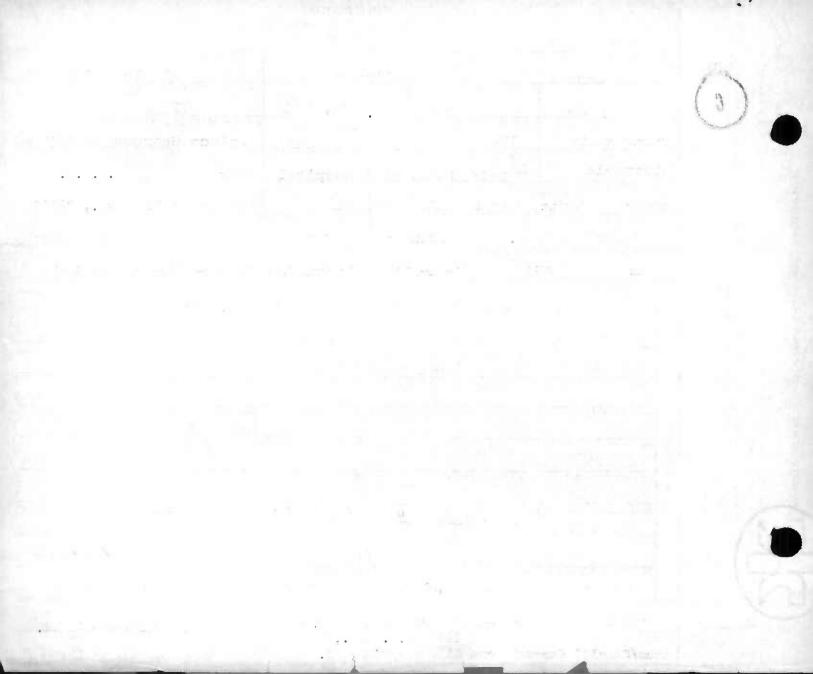
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
1	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR					
	(TYPE OR PRINT)	S	Klinger	01	19 84 9:40Pm					
Ì	3. SEX George	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.					
	M ale	W hite	Feb. 15, 1911	72 YRS	MONTHS DAYS HOURS MIN.					
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY OR COUN	TY OF DEATH					
ı	Pennsylvania	USA	WIDOWED DIVORCED		ges County MD.					
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12h, KIND OF BUSINESS OR					
	Riverdale	N.	emorial Hospital	Watchman	W.S.S.C.					
	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13e STREET ADDRESS						
A	100 000	e Georges Colle		9526 Rhode Isla	nd Ave., 20740					
9	14. FATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST					
4	Elmer		inger Mary	MIOOLE	Bredbenner					
1	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE		ADDRESS						
I	Yes NO OR UNKNOWN) (IF YES GI	VE WAR OR OATES) 216-03-	-9474 Virginia Le	ee Klinger-wife-(same as 13e)					
1	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
1	PART I. DEATH WAS CAUSE	ED BY.	vic destructive for	Immage disease.						
١	4940			0						
1	Conditions, if any, which	Conditions, if any, which (b) December & their name tract in fection								
1	gove rise to immediate cause (a), stating the	gove rise to immediate								
1	underlying couse lost.									
ı	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	GIVEN IN PART ITO					
	NO NO									
1	190. DATE OF OPERATION 210. ACCIOENT WAS UNDERLYING	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
1	1				YES NO					
1	210. ACCIDENT WAS UNDERLYING		DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2)					
	OR CONTRIBUTING CAUSE OF DE		19							
1	OR CONTRIBUTING CAUSE OF DE CHETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE					
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE. FARM ETC)							
1	220.1 certify that (I) (this hasp	ital) attended the deceased fro	m	3 , to 1 / 19/	. 19 84 , that (1) (We) lost					
1	sow the deceased alive or	ot) view the body ofter death.	9 8 , and that in (my) (our) opinion	on death accurred on the date and h	iour and from the couses stated					
1	22b. SIGNATURE	W	DEGREE		THE DATE SIGNED					
ı	, Ad	Discours &	MD ATTENDING		1/19/84					
i	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS							
	AZHER	HUSSAIN,MI	4917, Ed	gewood Road	College park HD.					
	230. BURIAL, CREMATION, REMOVAL	23b. DATE 2	34 NAME OF CEMETERY OR CREMATOR	Y 236. LOCATION	COUNTY STATE					
Į	Burial		Parklawn Cemetery	Rockville Mon						
	24 FUNERAL DIRECTOR	11800) N.H. Ave. 250. [DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE					
	Hines/Rinaldi Fun	eral Home Silve	er Spring, Md.	JAN 24 1984	and Carried					
-1										

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or oth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



Unknown 6400 Kilmer Street Cheverly, Md. 20785 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 44 425 76 Hms OBS MUCTUS LINE PISORS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE .19______, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22t. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 6501 Landover Road Cheverly, Md. 20785 Brentwood P.GQUNIY Maryland 1/24/84 Rurial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. Hvattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7b. HOUR

126. KIND OF BUSINESS OR

20772

IF UNDER 1 YEAR

9:46P

IF UNDER 24 HRS

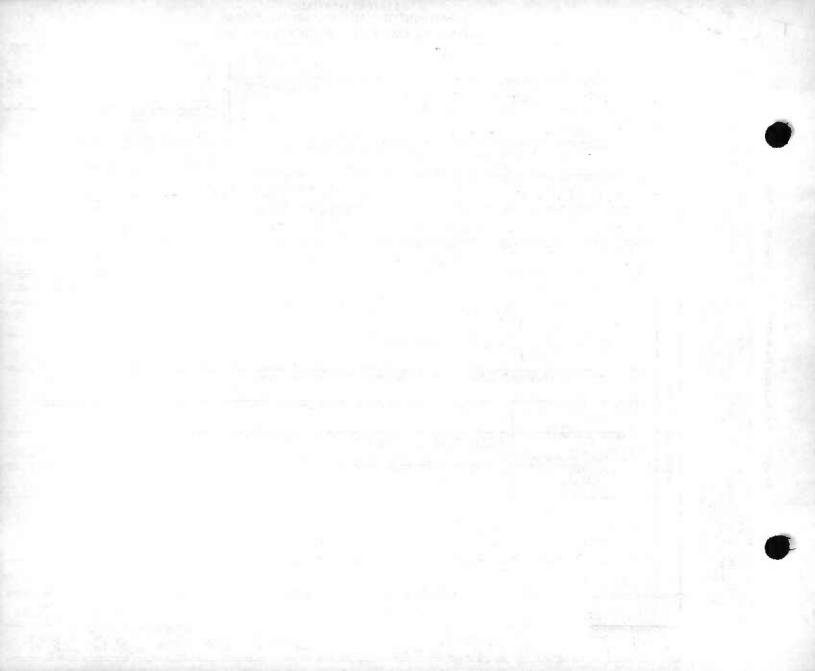
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		Tours of the state		

Me	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02019
		OWN XX MONTH DAY YEAR 2b. HOUR
DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS FILES, 2011 RESTON STREET,	Michael B. Knickerbocker	511-
TREE 3	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
1	Male White June 20,1965 18 yrs. Months DAYS HOURS MIN PRONOUNCE DEAD	1-3 1984 8:30 p. M
1	76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMOS	E CITY OR COUNTY OF DEATH
4	Washington DC U.S.A. MARRIED □ NEVER MARRIED ☑ Prin	ce GEorge's County, MD.
4	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Laurel Laurel Hospital GLBH Student	ION (TYPE OF WORK SCHOOL STRY) SCHOOL
13	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 38. STATE Maryland P.G. Co. IS. CITY OR TOWN YES NO X 6007 Wi	ss Dr. 20707
T	Robert N. Knickerbocker Angela	Cerovski
1 1	ASE NO CONTRACTOR AND ADDRESS OF THE PARTY O	ADDRESS
	No. 216-74-2329 Robert N. Knicke	rbocker same as#13
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VAL	2/2 CMMEDIATE CAUSE (a) Multiple Injuries (DUE TO, OR AS A CONSEQUENCE OF	
IND. 2120 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if ony, which	
Š	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
	lying cause lost.	and the Conference of
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
1	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOURS AND NOTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	20 AUTOPSY?
	Little Control of the Management of the Manageme	YES 🔀 NO 🗌
1	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY ON THE PROPERTY OF INJURY OF INJ	
	UNDERTYING ADER OF DEATH 8: 00-M. 1-3 1984 driver in auto/tractor 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, 21)L LOCATION STREET, FACTORY, FARM, ETC.)	trailer impact
	WHILE NOT WHILE XX STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET Rt. 198 near Wootens La	ne, Burtonsville, Mont-
-	AT WORK — AT WORK — TOAC RC. 196 Heat Wooten's La	
3	27a. I certify that Took charge of the remains described above, held an Autopsy XX Inspection , Inquiry	J. Jana'ın mytopinian
	death resulted from Natural course Agrident XX, Suicide Homicide Undetermined mann	er,
	ACTUAL SIGNATURE (SPECIFY) ACTUAL MEDICAL EXAMIN	DATE 1-4-84
	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Stre	et
2		le,Montgomery,Md.
2	FINERAL DIRECTOR FINERAL HOME ADDRESS. 7.601 SANDAY SANDAY DATE REC'D. BY REGISTRAR 7.601 SANDAY DATE REC'D. BY REGISTRAR 7.602 SANDAY DATE R	REGISTRAR'S SIGNATURE
	7601 Sandy Spring Rd. Laurel, Md.20707	ound lakely



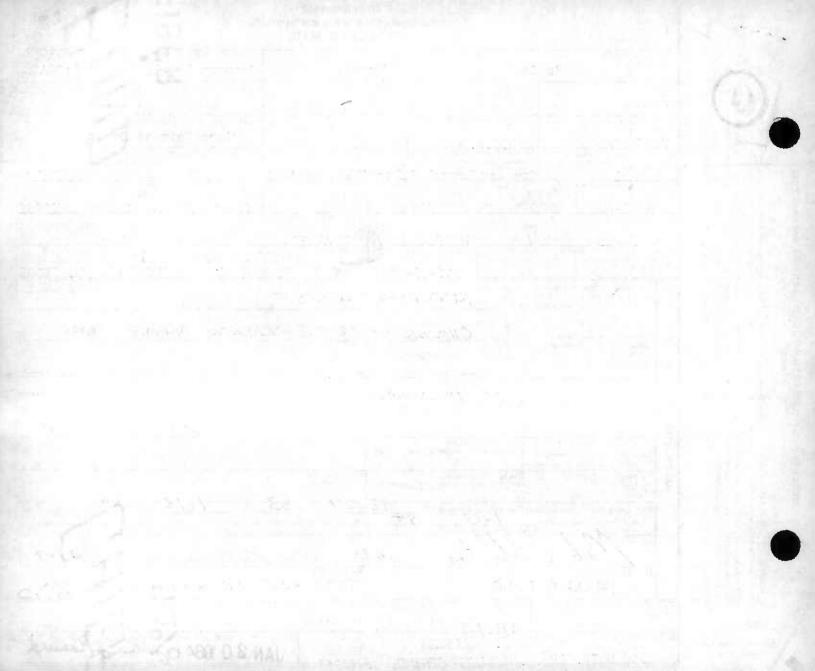
(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND



BP. DHMH - 16 50M 4/82

(VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHARLOTTE Krikstan 1-21-84 8 1-21-84 1 1 1 1 1 1 1 1 1	
THE FEMALE 3. SEX Female Caucasian Cauca	HOUR AL
Female Caucasian 6-20-07902*** 81 yrs.	:40 AM
Female Caucasian 6-20-1902 81 78. BIRTHPLACE (STATE OR FOREIGN TO THE MATERIAL OF PART 1.0 DATE OF OPERATION TO TREAT TO MATERIAL OF MA	UNDER 24 HRS
RESTRIPLIACE (STATE OR FOREOR OR PORT OF WHAT COUNTRY) LITTHURAN AND PROPERTY OF COUNTY OF DEATH OWN OF DEATH ON OR OR OF DEATH OR COUNTY OF DEATH ON OR	OURS MIN.
LITTUANTAL USA DOMORCED DMORCED PRINCE GEORGE'S COUNTY	
CLINTON SOUTHERN MARY LADNE HOSPITAL THE OF YORK FOR MOST OF MOSKING LIFE INDUSTRY USUAL RESIDENCE IF NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE THOUSE WIFE THOUSE WIFE THOUSE WIFE TO WORK OF MOST OF MOSKING LIFE INDUSTRY THOUSE WIFE TO WORK OF MOST OF MOSKING LIFE INDUSTRY THOUSE WIFE THOUSE WIFE TO WORK OF MOST OF MOSKING LIFE INDUSTRY THOUSE WIFE TO WORK OF MOST OF MOSKING LIFE INDUSTRY THOUSE WIFE TO WORK OF MOST OF MOST OF MOSKING LIFE INDUSTRY THOUSE WIFE TO WORK OF MOST OF MO	M
136 STATE	
Anthony Usinskis Ursula Morkus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Daughter ADDRESS Indian Head (175. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 17. INFORMANT Daughter ADDRESS Indian Head 12. Woodsome Dr., 20. 20. 12. 74-8200 Helen Todd, 12. Woodsome Dr., 20. 20. 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic 18. PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond ic 18. PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond ic 18. PART 1. DEATH WAS CAUSED BY: 19. COnditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost. 19. DUE TO, OR AS A CONSEQUENCE OF (c) (b) ADDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. (c) ADDITION FOR WHICH OPERATION WAS DEFFORMED 100. AUTOPSY? 10b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 19. AUTOPSY? 10b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATH OR AM. MONTH DAY YEAR 19. INCIDENT MAS UNDERSYMED 10b. CONTRIBUTING TO MAKE IN PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19. INCIDENT MEDICAL EXAMINER) 10b. AM. MONTH DAY YEAR 19. INCIDENT MEDICAL EXAMINER 10b. INCIDENT MEDICAL EXAMINER 1	640
18 CAUSE OF DEATH Enter only one couse per line for 0 , (b), and c	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: 1360 IMMEDIATE CAUSE (o) STYPKE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Oue to, or as a consequence of (c) Oue to, or as a consequen	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 27a. Certify that (h) (this hospital) ottended the deceased from PCC 27a. Certify that (h) (this hospital) ottended the deceased from PCC 27b. Certify that (h) (this hospital) ottended the deceased from PCC 27a. Certify that (h) (this hospital) ottended the deceased from PCC 27b. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC 27c. Certify that (h) (this hospital) ottended the deceased from PCC	5
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC 220.1 certify that (6) (this hospital) attended the deceased from DCCC	
220.1 certify that the (this haspital) attended the deceased from DEC 16 1989, to 02921 1989 that	STATE
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFE	(We) lo
PHYSICIAN'S NAME (TYPE OR PRINT) R. Landman, M.D. PHYSICIAN'S NAME (TYPE OR PRINT) 220. ADDRESS Q 4 4D Plants Are Venut from	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITY OR TOWN Burial 1-24-1984 Resurrection Cem. Clinton, P.G., Mary 24 FUNERAL DIRECTOR 25c. DATE REC'D. BY REGISTRAR'S SIGNATURE	

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Puriot Internit deservations; intuitions of the contract that the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

1 - STATE

REGISTRAR

24 FUNERAL DIRECTOR

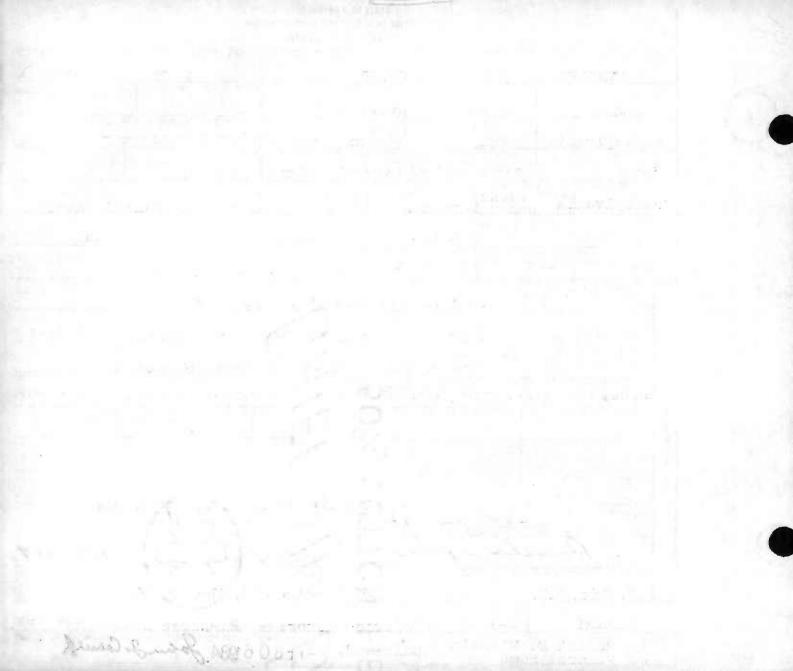
G.P. Kalas 6160 Oxoh Hill Rd. Oxon Hill, Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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7	1 -	FOR STATE		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 25 Am	0 2 6 2
1		REGISTRAR	IRST	WIDDLE		ICATE OF DEATH	REG. NO	
		PE		UTBERG		SETH	January	
3.	. SEX	Male	4 RA	CE /hite	5. DATE C	of BIRTH 11 1.1, 1902	6. AGE TIN YEARS LAST BIR	
1	CI	THPLACE (STATE OR FORE DUNITY) OTWA.Y	IGN 76 CI	ITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Prince G	R COUNTY OF DEATH
2/4"		y or town of death Laurel	1 '	NAME OF HOSPITAL, NURSI IN NOT IN SUCH FACILITY, GIVE STREE PRATOR LAUTE!	T ADDRESS)	or other institution ville Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SOLDIET	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JSUA 3a. S	L RESIDENCE (IF NURSING	OWA.TO	RINSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION		13e STREET ADDRESS / 1.0475 Scag	ZIP CODE 2 gsville Road
80	I. FA	THER'S NAME OLAV	Kves			15. MOTHER'S MAIDEN NAM Olivia	Mathisen	LAST
1000		AS DECEASED EVER IN	U.S. ARMED			17. INFORMANT (Okiniaxki) ONE	ADDRE	eseth same as a
aws any injury, ar ather froumatic	CERTIFICATION		iote the lost.	DUE TO, OR AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM CLUB A N WAS PERFORMED	200 AUTOPSY?	DITION GIVEN IN PART ITO: 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \(\bigcap \) NO
- 1 // 1		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH E	DAY YEAR	21c. HOW INJURY OCCURR		
marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2	PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn COUNTY
21 is ma	-	22a.l certify that (I) (this saw the decement of above, (I) people (did)	dive on	ottended the deceased from		nd that in (my) (our) apinion c	, to leath occurred on the do	19, that (I
T: If hem	-	THE SIGNATION	PUM	Weller		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
MPORTANT:		22d. PHYSKLAN S NAME	Time all office	m		22e ADDRESS		
	3a Bi	JRIAL, CREMATION, REA	AOVAL 231			EMETERY OR CREMATORY	23d. LOCATION	
≥ 23		PECIFY) urial	J	Jan 12, 1984	Emma.nu	el Cemetery	Scaggsvi	lle, Maryland

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(VRA 15, 4)

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4339 HUNT PLACE, N.E.

FOR 1 - STATE REGISTR	AR		EPARTMENT OF	TE OF MARYLANI HEALTH AND MEI IER'S CERTIFIC	NTAL HYGIEN) 2 o o.	2 3
1. DECEASED (TYPE OR PRINT)	NAME FIRST Theod	lore	Roy	Landmess	er	20. DATE KNOWN 2 OF ESTI- DEATH MATED	1/30	y YEAR 26. HOUR
3. SEX Male	4. RACE White	5. DATE OF BIRTH	1926 57 YI	ARS IF UNDER 1 YR. I	HOURS MIN.	2c. DATE PRONOUNCED DEAD	1/30	19 84 A. M
	Jersey	76. CITIZEN OF WH.		MARRIED NEVI	DIVORCED	Prince Ge	orges Co	ounty MD.
Laur		14800 -	4 Street	#105D	Nat	JAL OCCUPATION (TY) WOST OF WORKING LIFE) '1 Security	y IZB K	OR INDUSTRY
130. STATE Maryla	nce (IF IN NURSING HOME OF 136 COUN nd Prince		I I I I I I I I I I I I I I I I I I I	13d. INSIDE CIT	Y LIMITS? 13. STR	BOO - 41 St	reet, #	105D
Arthur		middle narles	Landmesser	Mar	rie	Ella		ve ¹ 1
(YES, NO, OR U/h/k/h	JNKNOWN) (IF YES, GIVE	WAR OR DATES)	572-22-257		DIN .	ADDRES.		APPROXIMATE INTERVAL
ga co lyii PART 2 D	nditions, if any, which rise to immediate under- g cause last. INER SIGNIFICANT CONDITIONS	DUE TO, OR	AS A CONSEQUENCE		GIVEN IN PART 1 10 .			
WEDCAL CERTIFICATION LOS TABLES LOS TABL	TE OF OPERATION		ION FOR WHICH OPER	RATION WAS PERFORM	MED?		20	AUTOPSY?
210 EX	ERNAL CAUSE WAS LYING OR IBUTING CAUSE OF		INJURY MONTH DAY YEA!	R	None	NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	YES NO
21d. INJ WHILE AT WO	URY OCCURRED	21e PLACE O	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	10	ge of the remains descrol causes		141.0.	pecify)	Inquiry X, o	DATE SIGNED	1/30/84
	KIKIIII)	nn S. Roge		ADDRESS_S	Silver Sp.	ring, Mont	comery.	Md.
230 BURIAL, C (SPECIFY)	REMOVAL REMOVAL	1/30/84	Metropo	METERY OR CREMATO	em. A1	OCATION ORTOWN EXAND:	COUNTY V 1	akginia -
NAME	natomy Boar	ADDRESS	RAL HOMÉ Balto.,	Md.	FEB 7	1984 /	and.	Concess

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Chestor DEATH MATED 2d_HOUR IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Penna. USA DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Service Sta. Fort Washington Retired 8 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington YES X 501 Sentry Lane 20744 NO [Maryland George 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Vincent Emilia Laski Zedlewski DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. 17 INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. T. PAGES DIVISION (YES, NO. OR UNKNOWN) 577-38-6080 yes Grace V. Laski same as item 13 18. CAUSE OF DEATH (Enter only one cause per light for (g), (b), and (c),) PART I DEATH WAS CAUSED BY temo relevitic Cardiovascula DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION BE USED AS 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES | NO 6 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 716 HOW INTURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OF TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFFER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Clinton Resurrection Cemetery BP. 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. BY **DHMH - 17** Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A1S ME (5)

20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

High School

IF UNDER I YEAR

Brown

YES [

COUNTY

22c DATE SIGNED

81 FOREST AVE

FAIRFIELD ME

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DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 50M 4/82 (VRA 15. 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

a formation of the state of the state of the ROLLINS FUNERAL HOME, INC. MIR 1884 John & Coming . 4339 HUNT PLACE, N.E.

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(VRA 15, 4)

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O FUNERAL DIRECTOR.

DHMH - 16 50M 4/83 (VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CERTIFI	CALL OF PEATH	REG.	NO.		
DECEASED NAME	FIRST	MIDDLE	LA	ST	2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	JOAN	MARIE	LI	CKUS	JANUARY	23, 198		2:00P
SEX	4, 1	RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST		ONTHS DAYS	HOURS MIN.
FEMALE		CAUCASIAN	SEPT	30.1917	66	YRS		
BIRTHPLACE (STA	ATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTE	Y? &	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
ОНТО		II S A	WIDOWE		DOTACE	GFORGES	c	M
CITY OR TOWN C		NAME OF HOSPITAL, NUR	SING HOME O		12a. USUAL OCCUPA	ATION	126. KIND O	F BUSINESS OF
HYATTSVI	IIF I	CARROLL MANOR	NURSIN	G HOME	CLERK	I OF WORKING LIFE!		PETCE
SUAL RESIDENCE	IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION)					/////
MARY LAND	MONTGO		SPRING	13d. INSIDE CITY LIMITS? YES XX NO [S / ZIP CODE UBB_ROAL	2 2	20910
FATHER'S NAME	MIDI	DLE LAST		15. MOTHER'S MAIDEN N	AME		LAS	ī
HERMA	N E.	REAMS		KATHLEE	N		SHANN	NON
	EVER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADD	RESS		
NO NO	VN) (IF YES, GIVE W.		0-7794	ANN REAMS	SAME AS	13	SISTE	
		one couse per line for (a) (b)	ond (c.)	10,1,				MATE INTERVAL
PART I. DEA	TH WAS CAUSED B		ute ,	DKINCHOM	eunimu.	-	24	ms.
485	Ommediate	_						
C tui		DUE TO, OR AS A CONSE	DUENCE OF					
Conditions, if		(b)						
couse (o),		DUE TO, OR AS A CONSE	DUENCE OF					
underlying	couse lost.	1-5						
DADT 2 OTHER	SIGNIEICANIT COL	NDITIONS CONTRIBUTING	O DEATH BUT	NOT PELATED TO THE TER	MINIAL DISEASE OF CO	NDITION CIVE	NIN PART II	
	Luntino	eton's Cho	104	L CONCERNED TO THE TER	MINAL DISEASE ON CC	MADITION ONE	IN HALL AND THE	
190 DATE OF O	DEBATION	196. CONDITION FOR WH	CH OPERATION	L WAS DEDECRASED	200 AUTOPSY?	286 IF VES	WERE FINDIN	JCS LISED
198 DATE OF C	PERATION	146. CONDITION FOR WA	CH OFERATION	WAS PERFORMED	YES NO		ING CAUSES	
	AS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART ?)	
00 00-180-01-01	G CAUSE OF DEATH		DAY YEAR					
21d. INJURY OF	Y MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
		(AT HOME, STREET, FACTORY, OFF	CE. FARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK			in the second	, 1			
220.1 certify th	not (I) (thi c heapstal)	ottended the deceosed fro	m //m	1/0. 19.84	10 (Ffn	23	954	that (I) (ive) lo
sow the d	eceosed olive on	4m23	54 on	d that in (my) (ase) opinion	deoth occurred on the	date and hour	ond from the	couses stoted
22b. SIGNATUR		few the body ofter death.		DEGREE			22c. DATE	SIGNED
THE SIGNATURE	Tomas de	11-torte	NO	ATTENDING	MEDICAL ST	TAFF	1/	3K1
22d PHYSICIAN	N'S NAME (TYPE OR	4 10000	****	22e. ADDRESS	DIRECTOR PHY	SICIAIN [1/2	7/87
174		Foster	M.D.	916	19th	V. We	Was	sho.
BURIAL, CREMA	TION, REMOVAL	23b. DATE 2	3c. NAME OF CE	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COLLAND	STATE
BUR	TAI	JAN. 27.1984	HOLV HO	DE CENETERY	TUCSO		MA A	RT70NA_
	ORFRANCIS	J. COLLINS	TIVEY TO	250. DA	TE REC'D. BY REGISTRA			
NAME		OTLUES SOORE	is		JAN 3 1 40	18/		00.0
JUU UNIT	. DLVV., W.	SILVER SPRI	VG_MD_	20901	OUL A T E	14"		- Calue

JOAN MARIE LIGHES I JANUARY 19. 1924

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	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2000
1 2 E		CEASED NAME FIRST LEST	ER Dewey	LIVINGSTON, Jr.	20. DATE OF DEATH MONTH DA	24 1100K
ge 4 moy	3 SE	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH NOV. 11, 1920	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) MC MC MC	UNDER I YEAR IF UNDER 24 HRS
Day 1971/35		RTHPLACE (STATE OR FOREIGN COUNTRY) PENN.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
(A)	Cl-	TY OR TOWN OF DEATH	PGG"HOSPITAL" AN	O MEDICAL CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) U.A. AITFORCE	12b. KIND OF BUSINESS OR INDUSTRY Ret.MSGT.
186		Md. Ch	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW arles Cobb I:	sland YES NOXX	13. STREET ADDRESS ZIP: General Delive	20625 ry
and distribution of the state o		THER'S NAME FIRST Dew	middle Livingston	n, Sr. Helen	Elizabeth	Bennage
Populario de Constantino de Constant	160 V		we war of dates) -1962 176-16	JRITY NO. 17 INFORMANT -3397 Carl Living	219 Cast gston Largo, Md.	leton_Terrace
requires that the death certificans requires that the death certificans are upped by the attending physics. Then please remove carbon page or suburial, cremotion, or emoval require, or other traumatic events the require.	HON	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	Aly ane cause per line far (a), (b), and DBY: TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF COLO Vocalar ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TERM	Care dent.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH // WERE K S loger NIN PART 110
rrStClAN. The faw ding physican. Is certificate has be busid-transit permit Memial Hygiene put to them 18 shows amy	MEDICAL CERTIFICATION	190. DATE OF OFE ATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	YES NO IN CERTIFY! YES NO IN CERTIFY! YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	I OR PART 2)
TAL OR ATTENDING PHONG P	ME	220.1 certify that (1) (this-hosp saw the deceased alive ar above, (1) (we) (did no 22b. SIGNATUIT	(AT HOME STREET, FACTORY, OFFICE.) that) attended the deceased fram to view the bady after death.	, and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred an the date and have a	that an (we) last and fram the causes stated
TO HOSPIT retained by Manda Be unit of the Shi	17- 5	22d. PHYSICIAN'S N URIAL, CREMATION, REMOVAL	Ack c. mushu	220 ADDRESS 3700 FAST	wet High Her	tulle Ndrotse
BP	24 FU	Burial JNERAL DIRECTOR	1-13-84 Ar	lington Nat. Ce	M Arlington V	
(VRA 15, 4)	AI	renart Funera	al Home, Inc. 1	La Plata, Md. IAN	4 6 1904	

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	-		REGISTRAR				ICATE OF DEATH	REG. NO			1
84	ľ		CEASED NAME FIRST OR PRINT)	ST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
1		3. SEX		4. RACE	1	LUH S. DATE C	, SR	6 AGE (IN YEARS LAST BIR	THDAY) (F.)	84 UNDER I YEAR	12:43
(A)			Male	Orie	ental V	Marc	h 8,1914 YEAR	_59 6	YRS.	NTHS DAYS	HOURS MIN
14	7	FO	RTHPLACE (STATE OR FOREIG OUNTRY) OCHOW, China		of what country? 1 States	8. MARRIE WIDOWE	NEVER MARRIED	PRINCE GEO		F DEATH	
by the fur filed with	16		TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ERN MARY LAN	ADDRESS)	PITAL CENTER	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired-Own	ON	MIDLICTOV	F BUSINESS O
filled in ould be	in the second	Ma	aryland Pr			E ADMISSION)	13d INSIDE CITY LIMITS? YES MO [13e. STREET ADDRESS 6714-Robi	inia Re	ad A	240
ond 2 sh	2/	14. FA	THER'S NAME Loh	Ling	Chow		15. MOTHER'S MAIDEN NA	Ging		Kang	iT
0 - /	/ 1		AS DECEASED EVER IN U.	S. ARMED FORCE		JRITY NO.	17 INFORMANT	ADDRE	SS		
Pages medical		(Y	NO OR UNKNOWN) (IF Y	YES, GIVE WAR OR DATE	148-14-	0044	Susana M.Loh	(Daughter) S	Same as	#13	
y the att se remayi crematio			Canditians, if any, whi gave rise to immedio cause (o), stating the underlying cause la	ich (bite) he DUE TO	O, OR AS A CONSEOU	ENGE OF	a Shock	Sopa !	100		
ss been signed by the att ermit. Then please remavi e prior to burial, crematio	1	HCATION	gave rise to immedio cause (0), stating ti	ch (bote he cost. (c)	O, OR AS A CONSEOU	BEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	NGS USED OF DEATH?
hos t per	2	CERTIFICATION	gave rise to immedio cause 101, stating 1 I underlying cause la PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	ch (b) che he but to st. (c) ANT CONDITION:	O, OR AS A CONSEOU S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED
ng physician. certificate has uriol-tronsit per tentol Hygiene I	3	MEDICAL CERTIFICATION	gave rise to immedia cause 10), stating 11 underlying cause la PART 2. OTHER SIGNIFIC 19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d, INJURY OCCURRED	ch (b) the he be st. (c) DUE TO st. (c) ANT CONDITION: 19b CO NG	O, OR AS A CONSEQUE SCONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYIN YES (RY IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH?
or attending physician. 2. After this certificate has use as the buriol-transit per ealth and Mental Hygiene is marked of them.	3	100	Gave rise to immedia couse 101, stating 11 underlying cause 10 underlying cause 10 PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EX. 22a-1 certify that (1) (this sow the deceosed all obove, (1) (we) (did) (c)	ch (b) to the he st. (c) ANT CONDITION: 19b CO NG	O, OR AS A CONSEQUE S CONTRIBUTING TO NOTIFICATION FOR WHICH AM. MONTH D P.M. ICE OF INJURY E STREET, FACTORY, OFFICE, of the deceased from 17	DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) JAY 34 . 0	NOT RELATED TO THE TERM IN WAS PERFORMED 211 LOCATION STREET 1.12 1984 Indithat in (my) (our) opinion	200 AUTOPSY? YES NO E RED (ENTER NATURE OF INJUI	20b. IF YES, V IN CERTIFYIN YES (RY IN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY 84	NGS USED OF DEATH? NO STATE that (I) (we) laccouses stated
e haspital or attending physician. DIRECTOR, After this certificate has iched far use as the buriol-transit per Dept. of Health and Mentol Hygiene if tem 21 is marked or them.	3	100	Gave rise to immedia cause 10), stating 1 underlying cause la PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this sow the deceosed all obove, (1) (we) (did) (c) 22b. SIGNATURE	ANT CONDITION: 19b CO NG 21b. TIM OF DEATH AMINER) 21c. PLA (AT HOM) haspital) attended ive on 311	O, OR AS A CONSEQUE S CONTRIBUTING TO NOTIFICATION FOR WHICH AM. MONTH D P.M. ICE OF INJURY E STREET, FACTORY, OFFICE, of the deceased from 17	DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) JAY 34 . 0	NOT RELATED TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 1-12 1984 Indithat in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO E RED (ENTER NATURE OF INJUI CITY OR TO death occurred on the de	20b. IF YES, VIN CERTIFYIN YES (RY IN ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) la
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DIVISION OF VITAL RECORDS,

(VRA 15, 4)

STATE OF MARYLAND

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		DEPAI	RTMENT OF HEAL	TH AND MENTAL H	YGIENE	2040
	REGISTRAR				F DEATH REG. NO).
	CLASED INAME	wold +	+	LORT	20. DATE KNOWN COF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
3. SEX	1. RACE		R LAST BIRTHDAY) MC		24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR
FO	REIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? 8 MA			R COUNTY OF DEATH
ID. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME, OR O		120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
USUA	AL RESIDENCE (IF IN NURSING HOME O	Υ 13ε. C	ITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Place
14 FA		MIDDLE	LAST			Hubbard
(YI	ES, NO, OR UNKNOWN) (IF YES, GIVE	VAR OR DATES)		Anita K.	Lort (Wife)	Same as above
	PART I DEATH WAS CAUSED	BY:	1-	monia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which		ONSEQUENCE OF	1 bladde	~ With me	tast.
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NO	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT 9	RELATEO TO THE TERMINAL OIS	EASE OR CONDITION GIVEN IN PART	[1]	
IFICATI	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NO
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MON	TH DAY YEAR	HOW INJURY OCCURRED) LENTER NATURE OF INJURY IN ITEM 18 P	
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJU	RY (ATHOME, 211.	LOCATION STREET	CITY OR TOWN	COUNTY STATE
		S		opsy Inspection	Undetermined monner .	d in my opinion
	ACTUAL SAM	A. DAS	kny	M.D. Desty	MEDICAL EXAMINER	DATE 1-5-54
72. PI	EXAMINER'S NAME (TYPE OR PRINT)	632 anni	apoly Ro	Blade 1	J MD	
(5	PEC(FY)					Pr. Geo. Md
24 FU	JNERAL DIRECTOR			125g, DATE RI		
	76. BI FO W. 130. S 14. FA 160. V 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C. 10. CITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (IF IN NURSING HOME OF DEATH Md. Pr. 13b. COUNT Pr. 14 FATHER'S NAME FIRST. Alfred 16d. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVEN WW) 18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gove rise to immediate cause (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONOITIONS OF DEATH WAS CAUSED	1. DECEASED NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH MODIE MONTH DAY 8-16-1913 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C. 10. CITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (TENNISH HOME OR OTHER STREET, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter anly one cause per line for (a), PART I DEATH WAS CAUSE BY: 18. CAUSE OF DEATH (Enter anly one cause per line for (a), PART I DEATH WAS CAUSE BY: 18. CAUSE OF DEATH (Enter anly one cause per line for (a), PART I DEATH WAS CAUSE BY: 18. CAUSE OF DEATH (Enter anly one cause per line for (a), PART I DEATH WAS CAUSE BY: 19. DUE TO, OR AS A C (b) 19. DUE TO, OR AS A C (c) 190. DATE OF OPERATION 190. CONTRIBUTING OR 210. EXTERNAL CAUSE WAS UNDERLYING OR 211. TIME OF INJUR 10. STATE 10. CITY OR WHAT CONTRIBUTION 10. CITY OR WAR OR THE INSTITUTION, GIVE RESIDENCE 10. S. A. 10. CITY OR OWN AND OR OTHER WAS IN STATE 10. STAT	To BIRT PLACE (STATE OR CITY OF PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH MODNIN DAY YEAR SHEAT BARRIDAY) 8 - 16 - 19 13 70 BIRT PLACE (STATE OR FOREIGN COUNTRY) Wash. 10. CITY OR TOWN OF DEATH Cheverly USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESPECT ADDRESS) 130. STATE ALTE 131. STATE ANDOLE 132. STATE ANDOLE 133. STATE ANDOLE 134. FETTER ALTE 135. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Canditions, if any, which gove rise to immediate cause (a) storing the under lying cause lost. Convers of the significant conditions (ontributing to DEATH BUT NOT RELATED TO THE TERMINAL DISTORTING COUNTRY) 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONTRIBUTING OR WAS A CONSEQUENCE OF CONTRIBUTING HOME. 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF CONTRIBUTION OF OR WAS A CONSEQUENCE OF CONTRIBUTION OR AS A CONSEQUENCE OF CONTRIBUTION OR CONTRIBUTION	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF MEDICAL REGISTRAR REGISTRATION MARCH DAY MEDICAL REGISTRATION MEDICAL	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

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(VRA 15, 4)

STATE OF MARYLAND

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REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE O	F DEATH REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT) Charles	Franklin	Ludden	OF ESTI-	1 10 19 84
I SEX. 4. RACE	5 DATE OF BIRTH 6. AGE (IN YE	EARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 26 HOUR
Male White	Feb. 28, 02 81 Y	RS. HOURS	MIN PRONOUNCED DEAD	1 10 1984 2000
To BIRTHPLACE LITARI OR FORDON COUNTRYS	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED THE NEVER MARRI	9. BALTIMORE CITY OR	
Wisconsin	U.S.A.	WIDOWED DIVORCE		eorge MD.
IE CITY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATION (TYPE OF	F WORK 12b. KIND OF BUSINESS OR INDUSTRY
Temple Hills,	4114 Brinkley Rd.			Col. Army U.S.
Haryland 13 COUNT	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS Y 132. CITY OR TOWN Temple H	136. INSIDE CITY LIMITS?	136 STREET ADDRESS 4114 Brinkley	y Road 20031
34 FATHER'S NAME		15. MOTHER'S MAIDE		LAST
Frank Chaf	fee Ludden	Ella	MIDDLE	Vivian
60. WAS DECEASED EVER IN U.S. ARM			SPOUSE ADDRESS	
	-1961 449-58-6	534 Marie K.	Ludden, Same	e as line 13
18 CAUSE OF DEATH (Enter only	y one cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED		erotic cardiovas	cular disease	BETWEEN ONSET AND DEATH
4292 MAREDIAN	DUE TO, OR AS A CONSEQUENCE	OF		
Canditions, if any, which				
gave rise to immediate couse (a) stating the under-	(b)	OF		
lying cause last.	/ .			
PART 2 DINER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PAI	T 1 (a)	
z				
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
IFIC				YES NO
210. EXTERNAL CAUSE WAS	216 TIME OF INJURY	21c HOW INJURY OCCURRE	S. C. TER. L. T. LOT OF HANDY AND THE LOT OF BRIDE	
) LEWIER MATURE OF INJURY IN HEW IR PAR	RT 1 OR PART 2}
UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEA	R) (ENTER NATURE OF INJURY IN THEM 18 PAR	RT 1 OR PART 2}
UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M. 19 21e PLACE OF INJURY (ATHOME,	21f. LOCATION) (ENTER MATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2}
CONTRIBUTING CAUSE OF D 214 INJURY OCCURRED WHILE NOT WHILE	EATH P.M. 19		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK 22a. I certify that I took charge	ZIE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) e of the remains described above, held an	21f. LOCATION STREET Autopsy . Inspection	CITY OR TOWN	
AT WORK AT WORK	ZIE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) e of the remains described above, held an	21f. LOCATION STREET Autopsy . Inspection uncide . Homicide .	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK 22a. I certify that I took charge death resulted fram: Nature	ZIE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) e of the remains described above, held an	Autopsy , Inspection uicide , Homicide ,	CITY OR TOWN Inquiry	county STATE
AT WORK AT WORK 22a. I certify that I took charge death resulted fram: A Nature	ZIE PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) e of the remains described above, held an	Autopsy . Inspection uicide . Homicide . TITLE (SPECIFY) M.D. Deputy	CITY OR TOWN IX, Inquiry X and it Undetermined manner , MEDICAL EXAMINER	COUNTY STATE on my apinion DATE SIGNED 1/10/1984
AT WORK 22a. I certify that I took charge death resulted fram: Nature ACTUAL SIGNATURE	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) e of the remains described above, held on all causes Accident . St	Autopsy . Inspection uicide . Homicide . TITLE (SPECIFY) M.D. Deputy	CITY OR TOWN IX, Inquiry X and it Undetermined manner , MEDICAL EXAMINER	COUNTY STATE on my apinion DATE 1/10/1984 SIGNED 1/10/1984
AT WORK 22a. I certify that I took charge death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 173a. BURIAL, CREMATION, REMOVAL [2]	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) of the remains described above, held an all causes Accident , St	Autopsy . Inspection uicide . Homicide . TITLE (SPECIFY) M.D. Deputy	Undetermined manner	DATE SIGNED 1/10/1984 le Hills, Md.
AT WORK 22a. I certify that I took charge death resulted fram: Nature SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23 (SPECIFY)	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) of the remains described above, held on all causes . Accident . State P. Rodriguez, M. 19 to P. Rodriguez, M. 19 Date 23c. NAME OF CE	Autopsy . Inspection uicide . Homicide . TITLE (SPECIFY) M.D. Deputy ADDRESS 009 Ra	Undetermined manner , MEDICAL EXAMINER Lyburn Ct., Temp. 1334 LOCATION CITYORTOWN	DATE 1/10/1984 Ie Hills, Md.
AT WORK 220. I certify that I took charge death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) of the remains described above, held on all causes . Accident . State P. Rodriguez, M. 19 to P. Rodriguez, M. 19 Date 23c. NAME OF CE	Autopsy Inspection uicide Homicide TITLE (SPECIFY) M.D. Deputy ADDRESS 5009 Ra METERY OR CREMATORY	Undetermined manner MEDICAL EXAMINER Tyburn Ct., Temp: 133d LOCATION CHYORTOWN Arlington, M	DATE SIGNED 1/10/1984 le Hills, Md.

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5)	10		EASED NAME	FIRST	WEL	MIDDLE	EK 5 C	EKTIFICATE		REG. NO.	ONTH DAY YE	EAR 2b HOUR
	- 92	(TYPE OR PRINT) Mario Maldonado DEATH MATED 1-23									, 17	821
80	SE S	3. SEX	4 RAC	E () 5. DA	ATE OF BIRTH	6. AGE (IN YE		DER 1 YR. IF UNDE			ONTH DAY Y	EMR 2d HOUR
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D'S	254/		llippine I		U.S.A		WIDOW			ince Geo	rge	MD.
DELAY IS	PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS. S. 201 W. RESTON STREET,	0	POR TOWN OF DE	ATH II. N	NAME OF HOS IF NOT IN SUCH FAR 2 209	PITAL, NURSING HOME CILITY, GUESTREET ADDRESS)	S S A	erinstitution	FOR MOST OF WO		OR IND	
85	SHOULD BE SHOULD BE RECORDED	USUA 13a. S	L RESIDENCE (IF IN NI	IRSING HOME OR OTHER	R INSTITUTION, GI	/E RESIDENCE BEFORE ADMISSI	ON)	13d. INSIDE CITY LIMITS?	13e STREET ADDR		207	
21201 ANN I AND 3	F 500		ryland	Prince G	eorge	Clinton		YES THE NO	12209 Br	olass Rd		
WD.	-43/ //		THER'S NAME	MIDD	NE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE	LAST	
EAT RE	\$ 250U		Jose	74100		Maldonado	,	Anita			Jimene:	Z
IMO PAG	SS	16a. V	AS DECEASED EVER	IN U.S. ARMED F	ORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT		12269 B	rolass R	d.
ALT	MITH FOR		Yes	WWII Ko	rea	565-22-053	3	Sylvia A.	Maldonad	o Clint	on, Md.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 2H HOURS AFTER DEATH. IF ANY RITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND			18 CAUSE OF DEA PART I DEATH V	TH (Enter only one VAS CAUSED BY: IMMEDIATE CAL	TV.	far (a), (b), and (c).)	unte	E Cende	ovas un	lan de		ONSET AND DEATH
STON	ALONG IT PERM YGIENE COVAL	6	4292	IMMEDIATE CAL	DUE TO, OR	AS A CONSEQUENCE	OF					
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E W.	HIEF MEDICAL EXAMINER AND USED AS A BURIAL-TRANSTER OF HEALTH AND MENTAL RIAL, CREMATION, OR REMOVED TO THE MENTAL OF THE MENTAL CREMATION, OR REMOVED TO THE MENTAL OF TH		cause (a) statin- lying cause last	g the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
S, 20	NO VENT			((c)							
L RECORDS, ULD BE EXECT	MEDICAL AS A BU EALTH AN CREMATI	z	PARI Z UTNEK SIGNIFICA	II CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P	ART I (a)			
RECO PENDE	EAL CR	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDIT	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTO	PSY?
VITAL RE SHOULD ORD "PE	HE USED	FIC									YES	O NO 13
OF VITA TE SHOU	DED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, (CERT	21a. EXTERNAL CAL		216. TIME OF	INJURY MONTH DAY YEAR	21c. HC	OW INJURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PART		
ON O	ARTA OR 1		UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH								
IVISION OF	GE 3 SH GE 3 SH TE DEPA 201 PRI	MEDICAL	214. INJURY OCCUP		21e PLACE C	OF INJURY (AT HOME,		CATION	CITY OR T	OWN	COUNTY	STATE
THIS	WARDE PAGE 3 STATE D 21201	2	AT WORK AT V	VORK								
ER: T	PORWA DR: PAC HE STA' ND, 213		220. I certify that	I taak charge of th	he remains des	cribed abave, held an	Autap	sy . Inspecti	an . Inquir	X, and in	my apinian	
MIN	A F E E		death resulted from	m: Natural cau	uses .	Accident, Su	picide	, Hamicide	Undetermined r	nanner .		
E X	WAR WAR		ACTUAL O	Graus A	100	Queno		Deputy			DATE 1-2	3-84
3岸	A A THO	1	SIGNATURE	Amore	11/1	onlyw	-M	.D. Deputy	MEDICAL EXA	MINER	SIGNED	- J
AED!	A Section		EXAMINER'S NAME	(Augusto	o P. Ro	drignez, 6	D.	, 5009 I	ayburn C	Templ	Le Hills,	Md.
EXEC EXE	PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFIER DEATH, WITH THE STATE BATTMORE, MARYLAND, 2120	23a.B	IRIAL CREMATION			23c, NAME OF CE			23d. LOCATION			
BP.		(5	Burial		7/84			tional Cem		ton	Virg	state inia
	IMH - 17		INERAL DIRECTOR		-	60 Oxon Hil		Tax Tax	REC'D. BY REGISTE			
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3	SEX		Franc	5 DATE OF BIR		AGE (IN YEARS LAST BIRTHDAY)		1 YR. IPUN		DEATH MAT	MONTH	DAY DAY	YEAR HOU
/ L			White	Oct. 28	3,1911	72 28	, morting	DAYS HOUR		PRONOUNCED DEAD		2 19	8437
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4	Ch	everly		Pr. G	OSPITAL, NURS H FACILITY, GIVE STRE EO. Gen	Hosp	ital	NSTITUTION	FOR M	ALOCCUPATION OST OF WORKING LI	FE)		OF BUSINESS DUSTRY Home
11	3a. ST		13b COUN P. G	OR OTHER INSTITUTION	I 3c. CITY O	RTOWN	13d.	INSIDE CITY LIMIT		et address L3 Merr	Zip Co imac D		20783 # 4
T		THER'S NAME		WIDDLE	LAS	ıī		MOTHER'S M.		MIDDLE		LAST	
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1		S, NO, OR UNKNOV		E WAR OR DATES)		18-117			rioria	G. Ot			
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				(c)				ONDITION GIVEN	N PART 1 (0)				
7			NIFICANT CONDITIONS	(c)		TO THE TERMINA	AL DISEASE OR (N PART 1 (g)			20 AUT	OPSY?
A	CERTIFICATION	PART 2 OTHER SIG	DPERATION CAUSE WAS	(c)	ATN BUT NOT RELATED NOTITION FOR WITH OF INJURY A.M. MONTH D	TO THE TERMINI HICH OPERA	AL DISEASE OR (ERFORMED?		ature of injury in	ITEM 18 PART 1 OR	YES	
A 30.	DICAL CERTIFICATION	PART 2 OTHER SIG	DPERATION CAUSE WAS OR CAUSE OF	(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ATM BUT NOT RELATER	TO THE TERMINATION OF THE TERMIN	AL DISEASE OR (ERFORMED?		ATURE OF INJURY IN		YES	
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Francis Gasch's Sons Funeral Dillome, P.A.

Hyattsville, Maryland

FOR

REGISTRAR

L DECEASED NAME

- STATE

TYPE OR PRINTS

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YEAR

1984

IF UNDER 1 YEAR

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Own Home

20784

Brown

YES [

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COUNTY

22¢ DATE SIGNED

1/18/84

9:13A

IF UNDER 24 HRS

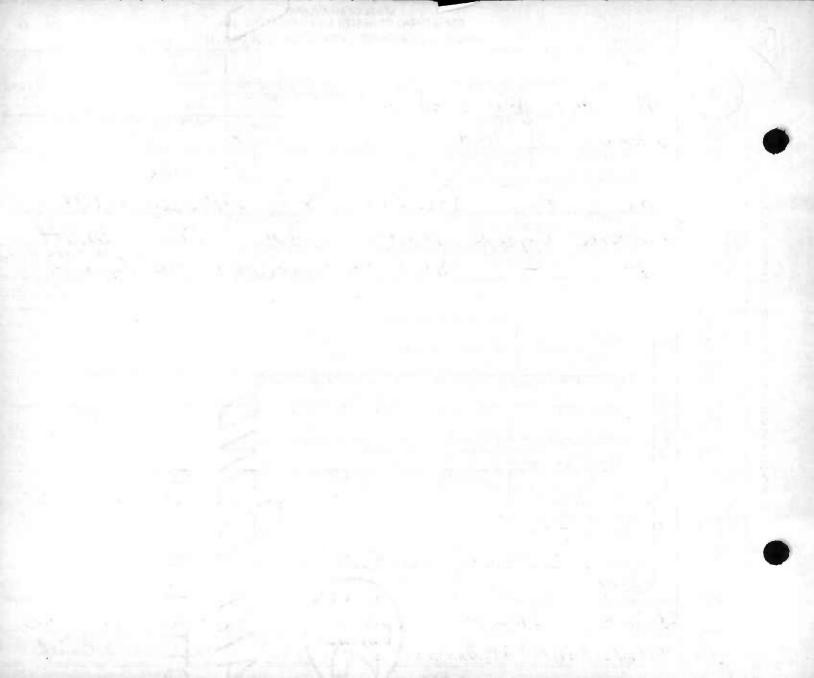
2ª DATE OF DEATH

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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9 0 2 0 9 0
11-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST MIDDLE LAST Za DA	TE KNOWN T MONTH DAY YEAR 26 HOUR
(TY	(PE OR PRINT)	F ESTI-
3. SE		ATE MONTH DAY YEAR 2d HOUR
3. 30	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONG	DUNCED 11.1
1	11 W.11/C 1900 10 100 27 110.	1 27 1984 D M
/o. E	OREIGN COUNTRYL A MARRIED NEVER MARRIED	TIMORE CITY OR COUNTY OF DEATH
14		ince George's County, MD
10 0	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OC	CUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	Greenbelt 6114 Breezewood Court Store	WORKING LIFE) OR INDUSTRY
	IAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COMMY 136 STREET AD	DDECC
130.	MO PG. Openbelt YES NO 6/14	Broosewood Cf
14 F	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	
11	Couronce Roymons Martin Tredith	DICC PRIDE
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS MINISTER .
	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	1911 En Torone Pro
	NO 1 - 10-00-11/1 Kalling 11 Karpin	10110 order me 100
	PART I DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	O E E I IMMEDIATE CAUSE (o) SNOTGUN WOUND OF NEAD	
1	DUE TO, OR AS A CONSEQUENCE OF	Φ.
	Conditions, if any, which gove rise to immediate (b)	
	couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
N		
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
F		YES XX NO
- E	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	
10	UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH ? P.M. 1 25 1984 Self inflicted	,
S	CONTRIBUTING CAUSE OF DEATH ? P.M. 1 25 19 84 Self inflicted	
MEDICAL	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY O	RTOWN COUNTY STATE
1	WHILE AT WORK AT WORK SIREET, FACTORY, FARM, ETC.) SIREET SIREET SIREET SIREET SIREET 6114 Breezewood Ct.	Greenbelt, P.G., Md.
	220 I certify that I took charge of the remains described above, held an Autapsy X, Inspection . Ingu	ziry , and in my apinian
	death resulted from: Notifical suses . Aciden . Suitable . Hamicide . Undetermine	
	TITLE (SPECIFY)	
	ACTUAL Chief	DATE 1/28/84
7	SIGNATURE MODE PULLY CITE MEDICAL EX	XAMINER SIGNED 1/20/04
40	(TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS 111 Penn St.	Balto.,Md.
22		
230.1	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATIO	COUNTY STATE
3		TRAR 1256 REGISTRAR'S SIGNATURE
1		TRAR 256 REGISTRAR'S SIGNATURE
K	alestanhan FH 9013 Annadis Rp mo FEB 1 0 198	4 John Jr comings
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) MCCANNA HELEN В DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) **PRONOUNCED** 02 75 08 W 09 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED NEVER MARRIED OMEIGH COUNTRY) Prince George's County U.S.A. DIVORCED Pennsylvania WIDOWED D. CITY, OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Credit Department | Lansburg Riverdale eland Memorial Hospital Dept. Store DENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. W.Hvattsville 5711 37th. Ave. 20782 YES X NO [I. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST McAndrew Brian Helen Gorman 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS Address Same as (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No# 13e. 578-44-3307 Mr. Joseph L. McCanna 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b) and (c).) APPROXIMATE INTERVAL Cardio Vonuler descare BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: erlenner AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OR TOWN COUNTY 22a I certify that I taok charge of the remains described above, held an Autopsy Natural couses Suicide Homicide L Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M. ADDRESS 5009 Rayburn Ct., Temple Hills. Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Jan. 16, 1984 Gate of Heaven Cemetery Silver Springs Mont. Burial Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

20M 4/82

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STATE OF MARYLAND FOR • STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

HEGISTRAR			CERTIFICATE	PULATH	REG. N	0.		
	ELVA)	RILBA	McDONALD			MONTH DAY	84 43	JR DA
FEMALE	4. RACE WHIT	re	Dec. 29	1898	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS	MIN.
Canada 10. CITY OR TOWN OF DEA	U.S.	F HOSPITAL, NURSIN	MARRIED NEVI WIDOWED NG HOME OR OTHER INDRESSIN	STITUTION	PRALTIMORE CITY OF Prince Ge	orges	KIND OF BUSINE	M ESS OF
USUAL RESIDENCE (# NURS) 130. STATE LARY LARD 4 FATHER'S NAME	NG HOME OR OTHER INSTITUTION 13b COUNTY Prince Geo	IN, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSID YES K	E CITY LIMITS?	13e. STESTADRESE	gewood Dri	ive 207	'70
John John	MIODLE	Major	IS WOTH	Mary	WIOOFE	Ke	tch	
(NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	006 03 2		E. Brow	14	gewood Dr		70
gave rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN	the DUE TO.	OR AS A CONSEOU		TED TO THE TERMI	inal disease or Coni	DITION GIVEN IN P.	ART Ita	
190 DATE OF OPERAT	ION 196. CON	DITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA		TH?
VALUE OF THE PROPERTY OF THE P	AUSE OF DEATH ALEXAMINER) HOUR ALEXAMINER) 21e. PLAC (AT HOME:	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, I	19 21f LOCA		ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR P	ART 2)	STATE
270. I certify that (I) sow the decease above, (I) (we) ld 171. SKANATURE	this haspital) attended d alive an AAV4 aA	198		ATTENDING PHYSICIAN	death occurred an the do	22¢.	that (I) (vam the causes stated DATE SIGNED 1-20-4	. ,
Leon 1	e0175/6		340	08 Rho	DE ISU	no Ave	MI. Rav	RN
30. BURIAL, CREMATION, F	REMOVAL 236. DATE		NAME OF CEMETERY C		Mi Portion	et Pennh	scot M	lati

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

attending physician and campletely filled in a core corbanpopers. Pages 1 and 2 should be the

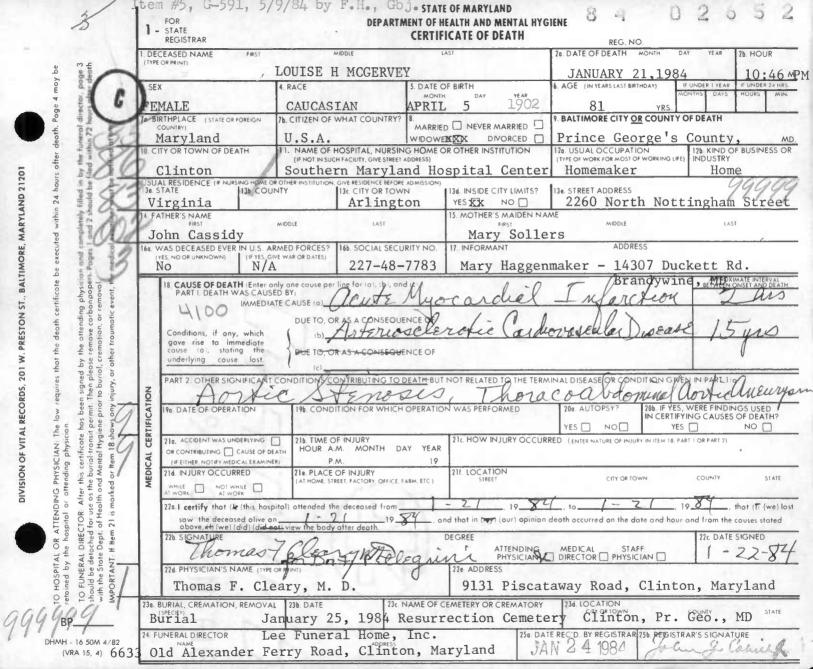
Francia ReGasch's Sons Funeral Home, P.A. Hyattsville, Maryland

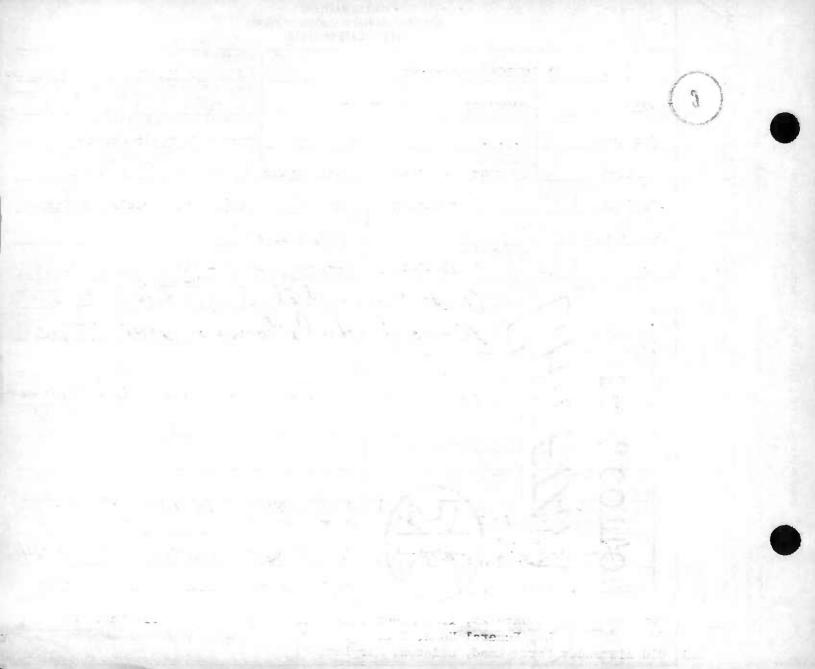
250. DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Evila Mallomild JAM SOEN HELD 21. 95 51 or or more homes by the serviced a Prince Sec. Recombed to a Person I of an exact magnitud arried 1802 for Billion -1281 AVD

will industry descript the section were been taken

"r ners directly one denoral lime, P.A.





filled in by the funeral director, page 3 and be filed within 72 hours offer death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	٥.					
	EASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
,,,,,,	Charles H	R. McGuire. Jr			January	13.	1984	0955a			
3 SEX		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN			
	Mala	Companion	12/0	5/25	58	VDS	MONTHS	HOURS MIN			
7a. BIR	Male	Caucasian 7b. CITIZEN OF WHAT COUNTRY	2 1		9. BALTIMORE CITY O	R COUNT	OF DEATH				
CC	OUNTRY)		MARRIED	NEVER MARRIED							
	New York	U.S.A.	WIDOWED		Prince			County OF BUSINESS C			
10. C11	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		ROTHER INSTITUTION	(TYPE OF WORK FOR MOST C						
/C	linton	Southern Mar	yland	Hospital	Computer C	perat	or U.S.	Govt			
USUA 13a. ST		R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 134. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			214			
	D Prince Ge				6008 Bel	book	St. L	Ulli			
	THER'S NAME			15. MOTHER'S MAIDEN N.	AME						
-	FIRST	MIDDLE LAST		Mary M. Mi	MIDDLE 110		LA	ST			
	Charles R. Mc (LIPITY NO	17 INFORMANT	ADDRE	SS					
		VE WAR OR DATES)									
Y	les 1950)-1956 <u>110-18-</u>	1457	Patricia Mc	Guire - Sam	e As	#13 A-I	CIMATE INTERVAL ONSET AND DEATH			
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY										
	IMMEDIATE CAUSE (0) Henotocollular Carcivens										
- 1	1.5.5.2 DUE TO OR AS A CONSEQUENCE OF C										
- 1	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF SOP hage at large at										
	gove rise to immediate										
	cause (a), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
	ondonying coose iosii	(c)									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION											
3	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	ORMED 200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C						
E					YES NO		S 🗆	NO D			
E.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)				
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR								
		P,M,	19								
20	(IF EITHER, NOTIFY MEDICAL EXAMINE	21a PLACE OF IN ILIRY		711 LOCATION							
MEDICAL	21d. INJURY OCCURRED	21a. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
MEDICA			FARM ETC)		CITY OR TO	wn	COUNTY	STATE			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22d. certify that (1) (this hosp	(AT HOME STREET, FACTORY, OFFICE	Ju	STREET	to	2	19.14	that (1) (we) la			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp sow the deceased alive or	(AT HOME STREET, FACTORY, OFFICE	Ju		to	2	19.14	that (1) (we) la			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp sow the deceased alive or	(AT HOME STREET, FACTORY, OFFICE	J4 , on	STREET	to	2	19.19 or and from the	that (1) (we) la			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	(AT HOME STREET, FACTORY, OFFICE	J4 , on	STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	to	ate and hou	19.19 or and from the	that (1) (we) la			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did not alive or above). 22b. SIGNATURE	(AT HOME STREET, FACTORY, OFFICE sital) ottended the deceased from 19 only view the body ofter death.	J4 , on	STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to	ate and hou	19.19 or and from the	that (1) (we) lo			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	(AT HOME STREET, FACTORY, OFFICE sital) ottended the deceased from 19 only view the body ofter death.	J4 , on	STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING	n death accurred on the di	ate and hou	19.19 or and from the	that (1) (we) la			
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did not alive or above). 22b. SIGNATURE	(AT HOME STREET, FACTORY, OFFICE sital) ottended the deceased from 19 only view the body ofter death.	J4 , on	STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	to	ate and hou	19.19 or and from the	that (1) (we) la			
23a. Bi	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did not alive or above). 22b. SIGNATURE	(AT HOME STREET, FACTORY, OFFICE STATE OF PRINTS (AT HOME STREET, FACTORY, OFFICE (B) (C) (AT HOME STREET, FACTORY, OFFICE (C) (C) (C) (C) (C) (C) (C) (MO MO	STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	n death accurred on the di	FF CIAN .	22c. DATI	that (1) (we) lo e couses stated ESIGNED			

DHMH - 16 50M 4/B2 (VRA 15, 4) 6633

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion or should be detached far use as the burial-transit permit. Then please remave carbon papers. Pay with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Old Alexander Ferry Road, Clinton, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNA

CLORIAN S. Machine, Gr. January 13, 1684 6055a.

"Ala January 13, 1684 6055a.

"Entire Sentinery Nervised Monochel Sentine Course Sentine Monochel Sentine Mono

COMPLETE STORY BY OF THE STORY BY OF THE STORY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE KNOWN DECEASED NAME DAY 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 29 1984 Columbus McKisset 6 AGE (IN YEARS | IF UNDER 1 5. DATE OF BIRTH DATE 2d. HOUR LAST BIRTHDAY) 5:05 PRONOUNCED 1984 21,1945 3 PRS Male Black & BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) North Carolina USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Maintenance Prince George General Hospital Cheverly SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 113 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Columbia District Washington E Street. YESX NO [] 4027 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Columbus McKisset . Sr. Margaret Hunter 160 WAS DECEASED EVER IN U.S. ARMED FORCES McKisset-mother-4027 Targaret LYES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Street, S.E. Washington, D.C 7629 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIA OF HEALTH AND A RIAL, CREMATION DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CATE, WRITING THE W FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK XECUTE THE CERTIFICATE, WR.
AGE 4 SHOULD BE FORWARI
O FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autapsy Notural causes K death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) DATE 1/29/1984 Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAM AUGUSTO Rodriguez 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Buria Hunters Farm Cemetery Nash 25a. DATE REC'D. BY REGISTRA **DHMH - 17** Benning Rd. NFEB (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND

houself sufferently offered to be the AMERICAN STREET, STREE

and from the said

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

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ampletely filled in by the funeral dire

miury, or other troumotic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and a banded by detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages the state Deat, of the old Mental Hyperes in a to burial, cremation, at removal.

etoined by the hospital or attending physician

MPORTANT: If them 21 is morked be frem 18 shaws

7	1 -	STATE REGISTRAR			DEFA	CERTIF	ICATE OF D	EATH	REG.	NO				
3		CEASED NAME	FIRST ROL		Louis	s Me	AST MUR	RU	2a. DATE OF DEATH	-	2	YEAR 84	26. HOL	IR 15AM
2	3. SEX	(/	RACE		5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST		MONTHS	DER 1 YEAR	IF UNDER	MIN.
M	7a JIF	MALE RTHPLACE (STATE OR FO COUNTRY) VIRGINIA	DREIGN 7	WHITE	WHAT COUNT	RY? 8. MARRIE	NEVER A	ARRIED O	9. BALTIMORE CITY PRINCE		TY OF D	EATH		MD.
7	7	TAKOMA PARK		(IF NOT IN SUC	H FACILITY, GIVE ST HINGTON	ADVENT	7.		12a. USUAL OCCUPA (TYPE OF WORK FOR MOS PRINTER		GLIFE) IN	KIND O DUSTRY EWSP		
	130. S	MARYLAND	13P CORNI	THER INSTITUTION.	GIVE RESIDENCE B 13c. CITY OR T LAURE	OWN	13d. INSIDE C	NO 🗌	13e. STREET ADDRESS 13910 BR		OD D	RIVE	, 20	708
2		THER'S NAME FIRST LEROY	W		McMURT		II		MIDDLE			AFOO	S	
1		VAS DECEASED EVER IT VES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIALS 227-0	1-7795	17 INFORMA VIRGI		McMURTRY			ARWO	OD D	
7	CERTIFICATION	Conditions, if ony, gave rise to immucouse (o), stating underlying couse PART 2. OTHER SIGNI 19a. DATE OF OPERATI	ediate the lost. IFICANT CO	DUE TO, OI		HULK OUENCE OF			INAL DISEASE OR CO	20b. IF	YES, WER	PART 100 RE FINDIN CAUSES	IGS USE	TH?
	MEDICAL CERT	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d, IN JURY OCCURRE WHILE AT WORK AT WORK 220. certify that (1) (AUSE OF DEAT	HOUR A. P. 21e. PLACE (AT HOME, STR	B. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 B. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, ETC.)			TURY OCCUR	JURY IN ITEM I	8 PART I O	OUNTY		STATE	
1		saw the decease obove, (I) (we) (di 27b. SIGNATURE 22d. PHYSICIAN'S NAI	d alive on a	M D	130	9, oi	PEGREE 22e. ADDRES	TTENDIN PHYSICIAN	MEDICAL ST	AFF			couses st	oted
3	(SURIAL, CREMATION, R SPECIFY) CREMATION INFRAL DIRECTOR	REMOVAL	23b. DATE 01-03		23c. NAME OF C	EMETERY OR COON PARI	ζ	23d. LOCATION CITY OF TOWN BALTIMOF			MA	RYLA	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

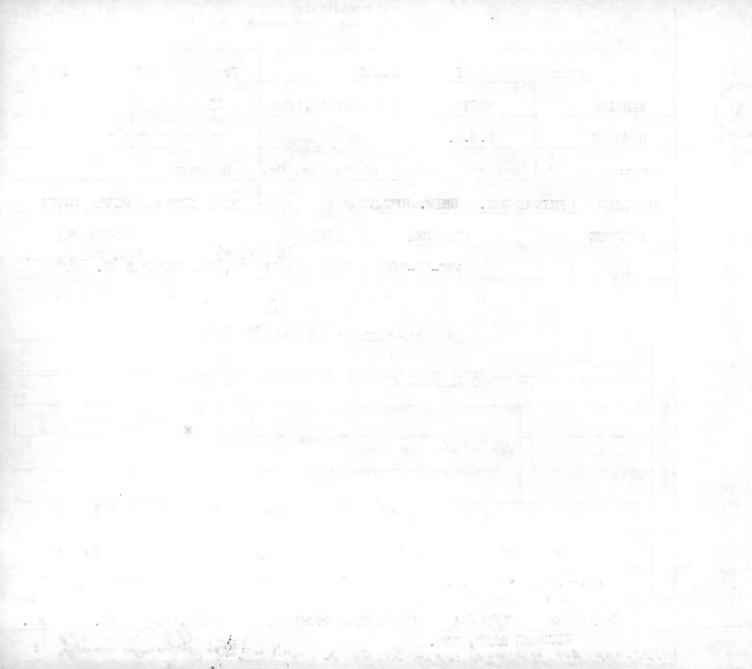
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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(VRA 15, 4)



STATE OF MARYLAND

11.	STATE REGISTRAR		DEPARTA	CERTIF	ICATE OF DEATH		. NO.				
	CEASED NAME FIRST OR PRINT)	01.1m A -	ata		RILL	20. DATE OF DEATH	01			4:29	A _M
3. SE	EMALE	1. RACE	SIAN	S. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)			HOURS	4 HRS MIN.
	RTHPLACE (STATE OR FOREIGN CONTRY)	USA	WHAT COUNTRY?	WIDOWE	The state of the s	9 BALTIMORE CIT PRINCE GE	_	COUN	TY		MD.
1	CHEVERLY	PRINCE	E GEORGE	GENI	ERAL HOSP	120 USUAL OCCUP (IVPE OF WORK FOR MO HOMEMAK		LIFE) 12b. KI INDUS OW	STRY	ome	SOR
130.S M	aryland Ch	arcines institution ounty arles	13c CITY OR TOWN Waldor	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🗗	134 SIREET ADDRES	wel (Court	>	206	01
CI	narles	MIDDLE	Stata		ns mother's maiden na Margaret	MIDDL		MacM	iľì	.an	
16g. V	VAS DECEASED EVER IN U.S.	. ARMED FORCES? S. GIVE WAR OR DATES)	070-01-		Mary M. Ca						
	5580	DIATE CAUSE (a).	ARDIO A	NCE OF	NARY ARREST		RAMAL	in		DUAIZ	
•	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O		NCE OF	CITIS & DE	HYDRARI	Sic	2	2-3 DAYS		
CERTIFICATION	190 DATE OF OPERATION				n was performed	200 AUTOPSY?	20b. IF Y	ES, WERE F TIFYING CA YES []	INDINO	SS USED OF DEATH	1?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED	F DEATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	8 PARTIORPA	RT 2)		
WED	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY O	R TOWN	COUN	ŤΥ	STA	ATÉ
	22a. certify that (1) this h	1 2	190	'	nd that in (my) (aur) opinion	death accurred on the	e date and h	_, 19 aur and fror		at (1) w	ed ed
	DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [] 120. ARMS FEMAN ROSENOGR G. MEN										-
	Robert J.	GINSBE	RG MD		6501 CMD	ver Rd		resty	M	D:	207
	SURIAL, CREMATION, REMO SPECIFY) Crematio				EMETERY OR CREMATORY Crematory	23d LOCATION CITY OR TOWN Waldor	of Ch	narle		Mar	yla
24. FU	Huntt Fune	ral Home	e, Waldo	rf,	Maryland N	2 6 1984	25b. REG1	STRAR'S SIG	HALL	K	\$

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Old Alexander Ferry Road, Clinton, MD

(VRA 15, 4) 6633

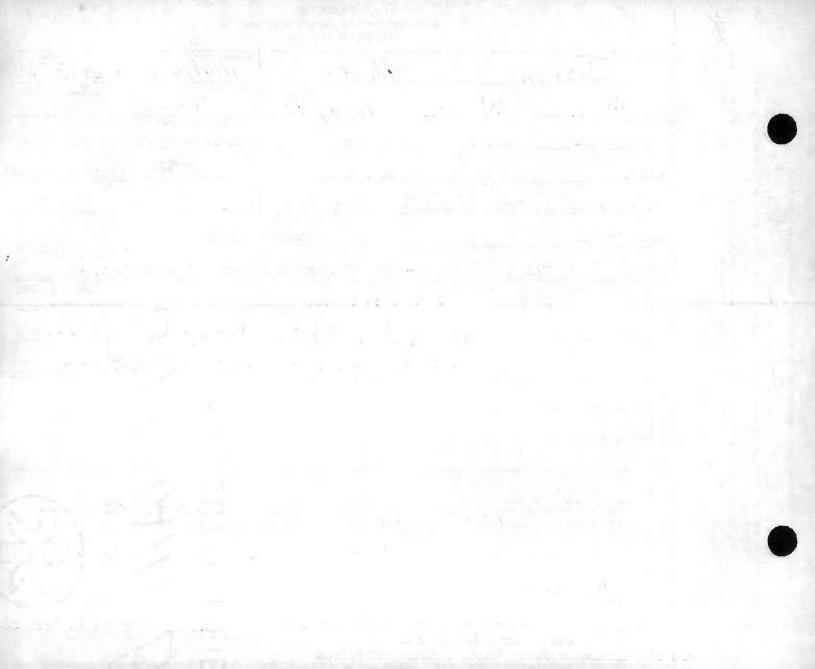


			STATE OF MARYLAND	0 . 6 0
	1-	TATE	PARTMENT OF HEALTH AND MENTAL HYGIENS	2000
18	-	EGISTRAR	CAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
\'	1. DE	EASED NAME FIRST MI	DDIE AST Mezzanotte 20. DATE KNOWN OF ESTI-	ONTH DAY YEAR 26 HOUR
38 88 88 F	,	for taine	WKC M=37&36 tto DEATH MATED 1	Tan 1 19 D4 683
ACE OF	3. SE	4. RACE S. DATE OF BIRTH	6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE MO	NTH DAY YEAR MEDIUM
E E E Z		1 11 Febru	MONTHS DATS HOURS MIN PROMODINCED	15 10 19
330 3 1/5	7a. 8	THPLACE (STATE OR 76. CITIZEN OF WHAT	COUNTRY? IR 9 BALTIMORE CITY OR CO	DUNTY OF DEATH
出題を表	W	Virginia U.S.A.	MARRIED NEVER MARRIED NEVE	Convert
- V	-		AL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF W	ORK 12b KIND OF BUSINESS
EAST OU		(IF NOT IN SUCH FACILITY		ORK 126 KIND OF BUSINESS OR INDUSTRY
2 H 20	TICLL	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RE		<u> </u>
RETAIN P SHOULD BE URECORDS	13a. S		34 CITY OR TOWN / 136 INSIDE CITY LIMITS? 136. STREET ADDRESS	C1
젊은문.		Md Klinea Gerger	Welloward YES & NO 1 2384 Oti	J 7 20712
SM PM 3.	14. F.	HER'S NAME FIRST MIDDLE	LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAST
SAN COL		George Mez	zanotte Margaret	Fontaine
WITH FORM T. PAGES I A DIVISION OF	16a. \	AS DECEASED EVER IN U.S. ARMED FORCES?	66. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
AGE		Yes WWII 5	77-09-1339 Frances M. Mezzanotte (abov	re address)
S .		18. CAUSE OF DEATH (Enter only one cause per line for		APPROXIMATE INTERVAL
L ZE Z		PART I DEATH WAS CAUSED BY:	- shot Wound of Hes	BETWEEN ONSET AND DEATH
E FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W CTOR: PROFE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. THE STAFT DEPARTMENT OF HEALTH AND MENTAL HYGIERE, D LAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		9.554 IMMEDIATE CAUSE (a) 6/	A CONSEQUENCE OF	
EAC H		Conditions, if any, which		
RRI	9	gove rise to immediate (b)	A.CO. (1970) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Z Z Z	7	lying couse lost.	A CONSEQUENCE OF	
355		(c)		
A A	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
ARITI CRE	CERTIFICATION	/ Vone		
F. F. E.	3		N FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
28/	=	None		YES NO NO
S S S S	S	216 EXTERNAL CAUSE WAS 216 TIME OF IN. HOUR A.M. M		OR PART 2)
S. R. D.	MEDICAL	CONTRIBUTING CAUSE OF DEATH & P.A.	15 10/34 Uhab Self	
3 SF	50	21d INJURY OCCURRED 21e PLACE OF 1 STREET, FACTORY		COUNTY STATE
3 H S	2	WHILE AT WORK AT WORK	ne Otisist MARSIL ieuko	unic Gerres And
STA 0, 21				000
로 등	1	22a. I certify that I took charge of the remains describ		my apinion
ZEZ ZEZ		death resulted from: National causes , Ac	cident Suicide Hamicide . Undetermined manner .	
3 \$		ACTUAL & ON	TITLE (SPECIFY)	ATEXT INTOCH
E		SIGNATURE	M.DMEDICAL EXAMINER S	1GNE022/0/989
1994		EXAMINER'S NAME		
THE A		TYPE OR PRINT)	ADDRESS	
TO FUNERAL DIRECTOR: PARTIER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	23 o. 8	RIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
		Burial 1/18/1984		Geo. Md.
MH - 17	24 F	NERAL DIRECTOR 12 S.F.H. ADDRESS	Mt. Rainian 250. DATE REC'D. BY REGISTRAR 70 REGISTRA	R'S SIGNATURE
A15 ME (5))		Inc.	Mt. Rainier, JAN 241984	& labell

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3	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2001
oy be oge 3		CEASED NAME FIRST SOR PRINT)	MIOOLE	Miller	20. DATE OF DEATH MONTH	14 84 300 M
oge 4 merector, purs other	3 SE	M Male	4. RACE White	5. DATE OF BIRTH 10/04/189	73-yrs	
ofter deoth. Po the funeral di d within 72 ho	P	country) ennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐	9. BALTIMORE CITY <u>OR</u> COUN Prince George'	s County, MD.
by the fu	C	ity or town of death linton	Clinton Convale	escent Center	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Plumber	126. KIND OF BUSINESS OR INDUSTRY Self-Employed
makYLAND 2120 red within 24 bours of and 2 should be file forming humber of	P	ennsylvania Be	other institution. Give residence befoi ITY 13c. CITY OR TOV dford Everett	YES 🗶 NO 🗌	Route 1	99999
completely 1 and 2 s	J	ohn Miller	MIDOLE LAST		1 Roland	LAST
BALTIMORE, cote be executively sistion and cot apers. Pages I wall, the medical	(VAS DECEASED EVER IN U.S. ARI yes, no or unknown) (IF yes, giv NO N/	E WAR OR DATES)		Funeral Home Eve	
ST., BAL			ly one couse per line for (a), (b), a D BY: E CAUSE (a)	PSIJ -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certific r attending physician. Wher this certificate has been signed by the attending ph as the burial-transit permit. Then please remove carbonp th and Mental Hygiene prior to burial, cremation, or rem orked or them 18 shawes any injury, or other traumatic ever		Conditions, if ony, which gave rise to immediate cause to i, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) UP OF NOTE DUE TO, OR AS A CONSEQUE (c) Chromic	noting Treation	- Pre u poria- Conjether Heat fai	luede-
requires of signed Then ple rito buring injury, a	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
AL RECO	CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{NO}\)
OF PHYSICIAN. The other ding physician physician by the burial-transit on Americal Hygin had a factor from the ding the burial-transit on the burial-transit of the burial-transit of the factor from 18 should hygin had a few 18 should hygin had a few 18 should hygin had a few 18 should have been 18 should		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	(PART I OR PART 2)
NG PHY: attendii fter this as the bu th ond M	MEDICAL	21d. INJURY OCCURRED WHILE ON THILE OF AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
to OR ATTEND he hospital of DIRECTOR. A corded for use bopp. of Hem 21 is m		220-1 certify that (1) (this haspin saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	tol) attended the deceased from, 19 11 view the Body after death.	DEGREE ATTENDING	, to	our and from the couses stated
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store IMPORTANT: #		228. PHYSICIAN'S NAME (TYPE O	STAAN	22e ADDRESS		11111
1999BP	Bu		anuary 18, 1984		23d. LOCATION CITY OF TOWN Hopewell Tow	nship, Bedford Pa
DHMH - 16 50M 4/82 (VRA 15, 4) 663		UNERAL DIRECTOR Lee F 1d Alexander Fe	uneral Home, In rry Road, Clint	on, Maryland	N 1 8 1984	STRAR'S SIGNATURE



within 24 hours ofter deoth. Page 4 may be

signed by the offending physician and completely hen please remove carbonpapers. Pages 1 and 2 at

should be detoched far use os the buriol-tronsit permit. Then pleose remove carbonpopel with the State Dept. of Health and Mentol Hygiene prior to buriol, cremotion, or remavol.

TO FUNERAL DIRECTOR: After this certificate has been significated to be provided transit permit. The

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

6	0	0	time

1 - STATE REGISTRAR	VII ARI	CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
NORMA	N	J MILLER	01	28 84 3:55 am
3 SEX Male	Caucasian	July 31 1904	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
7a, BIRTHPLACE (STATE ORFOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH
ELINTON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SOUTHERN MARY L	ING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ERInstrument Make	126. KIND OF BUSINESS OR INDUSTRY N. IL.
ISUAL RESIDENCE (IF NURSING HOME C 136. STATE 136. COL	INTY 13c. CITY OR TO	Hills YES NO	2600 Keating S	20748 St., Apt. 402
Peter	Miller	- (/- + 0/- 0	MIDDLE	Dehn
16a. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SEC 170-03-	termination and the second sec	2600 Keat Miller Temple H	ing St. #402 ills, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE (c) A CONDITIONS CONTRIBUTING TO	UENCE OF LOTTE LATED TO THE TER	Rminal disease or condition o	YORUS GIVEN INPART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR COLUMNIA CALLER OF D			JRRED (ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)
GRECONTRIBUTING LAUSE OF DETERMINE LAUSE OF DETERMINE LAUSE OF LAU	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
220.1 certify that this has	the body after death.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS 1090	MEDICAL STAFF DIRECTOR PHYSICIAN 5 Ft. Washington ington, Maryland	221. DATE SIGNED
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	- 1 101	NAME OF CEMETERY OR CREMATORY esurrection Cemete	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

George P.

1/31/04

Cemetery

Clinton

P.G.

P. Kalas Funeral Home Oxon Hill, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Talver A 1 modernment of the THE LANGE COLUMN TO SERVE THE PROPERTY OF THE PARTY OF TH A STATE OF THE STA the form of the control of the contr . 6 552 -- 557 the state of the s

A CONTRACT PRINCE BY LANGE WAS DELIVED A STATE OF THE PRINCE OF THE PRIN + EB O 2 124 Jan 9- Police

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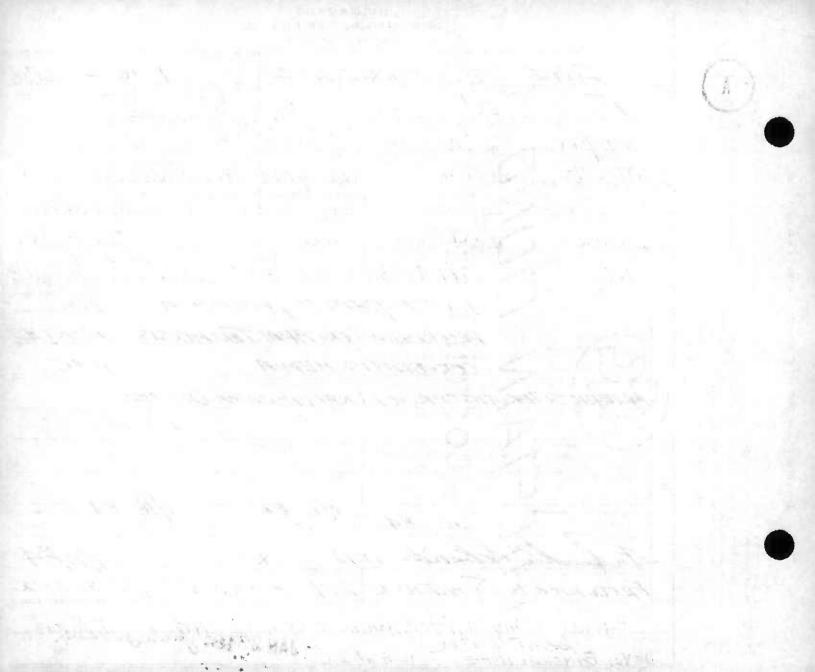
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REGISTARE RECERSION THE CONTROL OF THE PROPERTY OF THE PROPER		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
S. SEX	X		REG. NO. CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
The Birthprace (so at protocol of the control of th	()	3, 58	4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
10 CITY OR TOWN AF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 172 USUAL OCCUPATION 173 WINDLESS OR NOUTH 174 WINDLESS OR	A 169		IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 18 BALTIMORE CITY OR COUNTY OF DEATH
13 STATE INSURED (# PART)	67	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
THE PART OF THE STANKE MODE TO BE AND A STANKE OF OPERATION TO PRINCIPLY OF CONTRIBUTING OR CONTRIBUTION OR CO	Id be file		TRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE, CITY LIMITS? 13e. STREET ADDRESS
THE WAS DELEVATION 19*ES, ONE WAS GREATES 188 SUCIAL SECURITY NO. 17. INFORMANT ATTORNEY 184 COANS. WASTE, DEC. 1	nd 2 short	14.71	ATHER'S MAINE 15 MOTHER'S MAIDEN NAME
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTEREST AND DEATH (ENTER AND CAUSED BY) APPROXIMATE INTEREST AND DEATH (C) APPROXIMATE INTEREST AND DE	ond control		WAS DECEASED EVER IN U. (I FYE, GREWAR ORDITES) 10. SOCIAL SECURITY NO. (I INFORMANI ATTORNEY
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (Ahm hospital) attended the deceased from saw the deceased alive an abave, (1) (worlded) (did not) view the bady attended th. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	gred by the attending plays in please remove tarbon populari, cremation, av remove y, or office fraumatic event.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE AS PIDATTION INFORMATION OF A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CESSESSIVE CESSESSIVE TREAMBLES OF C
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22n. I certify that (1) (Ahra-hospital) attended the deceased from saw the deceased alive an abave, (1) (wolded) (did not) view the body attended the. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	permit The property of the period of the per	IFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
220.1 certify that (1) (Almo hospital) attended the deceased from 1984, and that in (my) (corr) apinion death accurred on the date and hour and from the causes stated above, (1) (woldful) (did not) view the body attended. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	onthicute modificate m		216. ACCIDENT WAS UNDERLYING TO STATE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR 21C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
saw the deceased alive an above, (I) (wo) take) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN	hand M	MED	NOT WHILE [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS	RECTOR, A and for use, pt. of Health em 21 is mo		saw the deceased give an
	NEEAL DI De datoco e Stote De TANT. IL		PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS
	H-16 30M 2/80 VRA 15, 4)		UNERAL DIRECTOR NAME DE COLORESS ASA PITZES DIRECTOR ASA PITZES DIRECTOR DIRECTOR ASA PITZES DIRECTOR DIRECTO



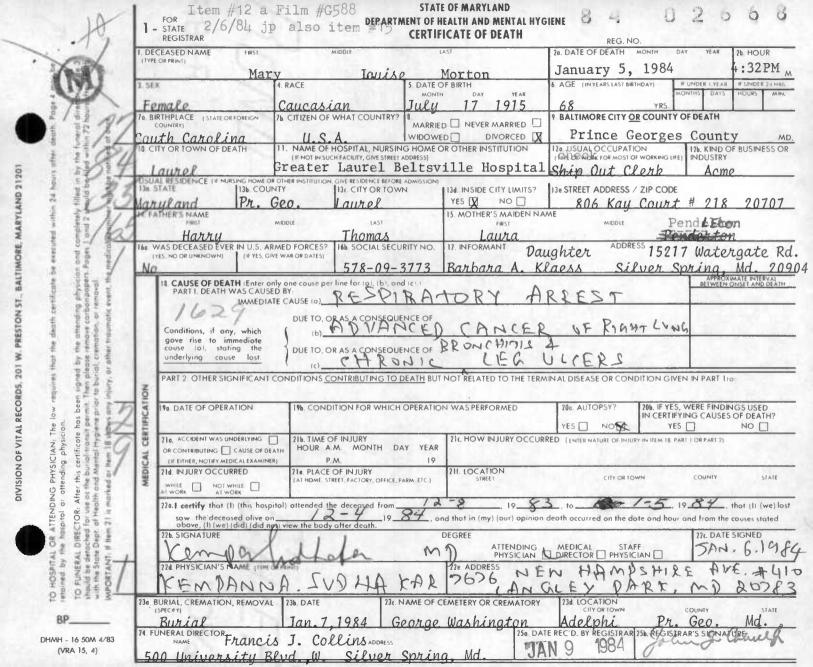
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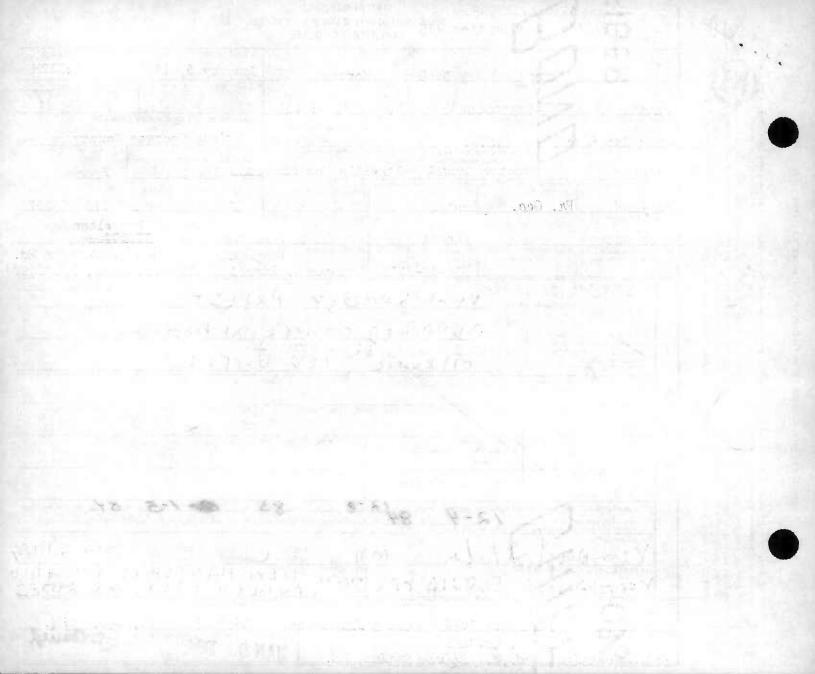
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3.			1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B REG. NO	0 2	0 0 /
ž ~	eath			CEASED NAME FIRST OR PRINT)	RED	D.	MOR	TON	20. DATE OF DEATH	01-25-84	26. HOUR 4 5:40 AM M
ge 4 mo)	1		3. SE	Male	4. RACE Blac	k	5. DATE C	F 8 IRTH V. 9, 1918	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Out of	A	17		RTHPLACE ISTATE OR FOREIGN South Carol	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH		
on the to	ded with	14		TY OR TOWN OF DEATH HEVERLY	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL		126. USUAL OCCUPATION 176. (TYPE OF WORK FOR MOST OF WORKING LIVE) Retired from CIA			
ND 212	puld be	5	13a. S	AL RESIDENCE (IF NURSING HOME) TATE 136 CC		134. CITY OR TOW		13d. INSIDE CITY LIMITS?	3402 Dod	ge Park	20785 Road
MARYLAND 2120 ed within 24 hours mpletely illed in 5	and 2 sh exomine	d	14. FA	THER'S NAME Fred Mor	ton	LAST		15. MOTHER'S MAIDEN NA. Lilliar	me n Barber		LAST
BALTIMORE, I	- /-	1		VAS DECEASED EVER IN U.S. (IF YES.	ARMED FORCES? GIVE WAR OR DATES]	166. SOCIAL SECU 411 14		Charlene M	forton-340		Park Road
201 W. PRESTON ST., es that the death certific	please remove carbor uriol, cremotion, or rer r, or other traumotic ev		No	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, (DUE TO, (DUE TO, ((b)	Metos DR AS A CONSEOU DR AS A CONSEOU	ENCE OF	Prostote Cauces		DITION GIVEN IN PA	9 Months
IL RECOR	ne per	9	CERTIFICATION	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the ording physician.	burial-transit Mental Hygie or Hem 18 sho	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		
VITENDI Spital or	hed for use as the lept. of Health and Hem 21 is marked		W	white NOT WHITE 220. I certify that (I) (this has sow the decaased alive abave, (I) (we) (did) (did) (225. SIGNATURE	espital) attended t	1/24 19	84	d that in (my) (aur) apinion	, to	, 19 & 4	, that (I) (we) fast
O HOSPITAL OR A	uld be detect the State D	1		22d. PHYSICIAN'S NAME ITY HARVEY	aury (PE OR POINT) 7 Yer	Mager) /	ATTENDING PHYSICIAN C	MEDICAL STA DIRECTOR PHYSIC CREST AND	FF /	125/84 50/10 Mel
₽ ₽ ₽ BP				BURIAL, CREMATION REMOV (SPECIFY) Crema	AL 236 DATE 1/27	11.1		EMETERY OR CREMATORY Crematoriu			
DHMH - 16 (VRA			24. F	Stewart F	Mai. H.	ome 400	T Be	nning Road	E REC'D. BY REGISTRAF	REGISTRAR'S SIG	SNATURE

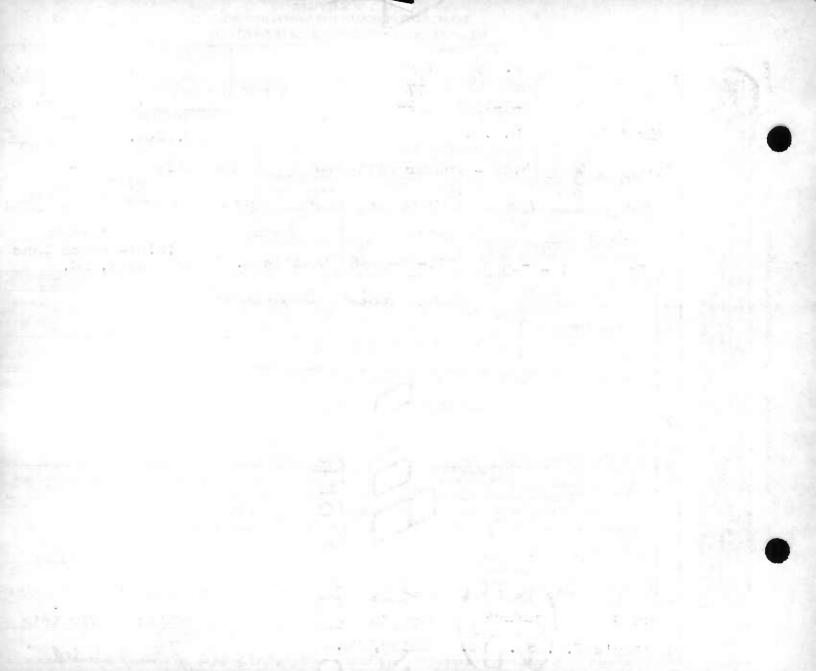
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orton-Saul Dolle Protes	T BUSTAROS DIEC V	I II.	
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			STA	TE OF MARYLAND		W
		FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL I	HYGIENE 👊 🔱	2007
- 1		REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE (OF DEATH REG. NO.	
ľ		CEASED NAME FIRST	MIDDLE	LAST		NTH DAY YEAR 26. HOL
l	(TYP	EORPRINT) Ada	E. Moyer		OF ESTI-	- 3 1984 1155
ľ	(5E)		S. DATE OF BIRTH AGE (IN YE			TH DAY YEAR 24 HOU
		E 111	MONTH DAY YEAR LAST BIRTHO	- Mount water	MIN PRONOUNCED DEAD	3 19 84 115
74	Bi	RTHPLACE INTATE OF	3-9-1906 7-8 YI	9	9 BALTIMORE CITY OR CO	
ı	+0	irginia	U.S.A.	MARRIED NEVER MARK	RIED 🔲	,
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME	WIDOWED DIVOR	120. USUAL OCCUPATION (TYPE OF WI	ORK 112b. KIND OF BUSINESS
l	1	TOWN TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AGGRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	مل	strang City	4142 - Bunker Hi		Housewife	-
Ì	15U A	TATE 13b. COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI Y 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS (207	22) #
7		Md	PG Codrage Ce	YES NO	14142 Bunker Hele	, Rd. 503
	W.F.	THER'S NAME	MIGGLE LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
ľ		John	Nalls	Edo	ma	Pierson
ľ	16a. V	AS DECEASED EVER IN U.S. A	AD OR CATEGO		<u> </u>	-Maddox Lane
	(,	No.	217-20-3	898 Lucille		Le. Md.
			y ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL
ı		PART I DEATH WAS CAUS	BY:	10 91/2	10 40	BETWEEN ONSET AND DEAT
ı		4187 IMMEDI	DUE TO, OR AS A CONSEQUENCE	DE Sugar	001-00	
1		Conditions, if any, which	DOE TO, ON ADTOCOMORDE			1 1 1 1 1 1 1 1
1		gave rise to immediate cause (a) stating the unde	(b)			
l		lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
			(c)			
l		PART 2 OTHER SIGNIFICANT CONDITION	DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN P	ART 1 to	
l	O			to mile and the		
١	CAT	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
	CERTIFICATION					YES NO
	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
1	AL	UNDERLYING OR CONTRIBUTING CAUSE OF	EATH P.M. 19	F 100 1		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME,	211 LOCATION STREET		
	Σ	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	PINEEL	CITY OR TOWN	COUNTY STATE
		220 I certify that I toak cha	e af the remains described abave, held an	Autapsy . Inspection	an 🔲 , Inquiry 🔲 , and in n	ту артпіал
		death resulted Iram: Nat	al causes , Accident , Su	icide 🔲 , Hamicide 🔲 .	Undetermined manner,	
		ACTUAL OF	1 2/21	TITLE (SPECIEY)		
1		SIGNATURE SAM	TOARRY	M.D. Depuly	MEDICAL EXAMINER SI	GNED 114/84
4	1	EVALUE ENGLANDE AT)	. '/ '
1		(TYPE OR PRINT) Sai	(A. Dree MI)	ADDRESS_563	2 annapoles Re	1. Bladousky
F	23a.B	JRIAL, CREMATION, REMOVAL	DATE 23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1	B	urial	-6-84 Ivy Hi	11 Cemetery	Upperville	Virginia
t	24 F	JNERAL DIRECTOR		25a. DATE	REC'D. BY REGISTRAR 25b. REGISTRA	
	N	alley's F.H.	nc. 'Mt. Rainier	, Md.	000000	20.1.0
è		-			U 9 1084	- White



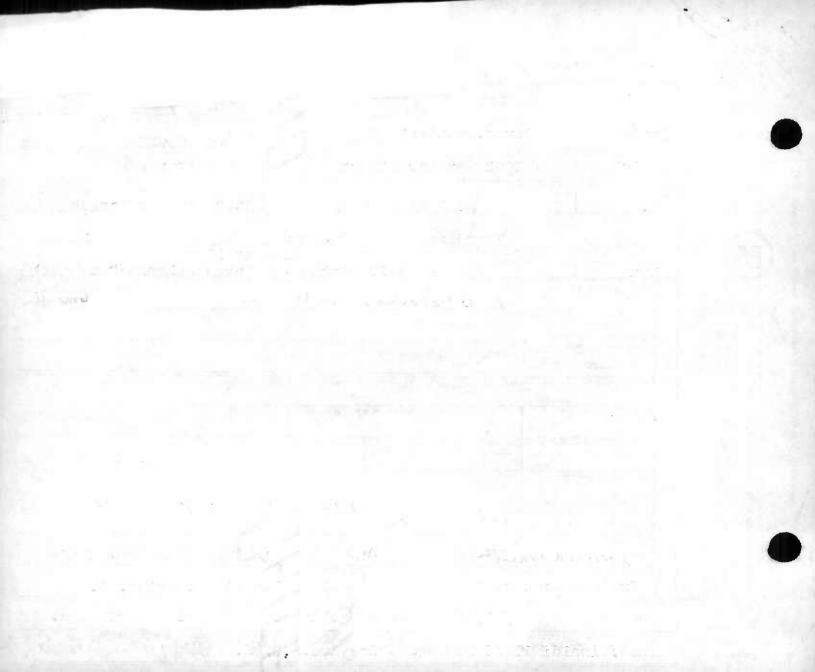
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11/	1_	FOR STATE			DEPARTMENT (OF HEALTH	AND MENTAL H	IYGIENE .	U	201	U
7	, -	REGISTRAR		ME	DICAL EXAM	INER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
	I. DE	CEASED NAMI	FIRST		MIDDLE		LAST	20 DATE K		INTH DAY YEAR	2b. HOUR
- W - W-	(TYI	PE OR PRINT)	ara	SUZANA	16 1	YERS		OF DEATH	ESTI-	1-22 1984	
N3GEGE	3. SE		4. RACE	IS DATE OF BIRTH	6. AGE (DER 1 YR. IF UNDER		MOI		M HOUR
55 THE				MONTH DAY	YEAR LAST BI	THDAY! MONTH		MIN. PRONOUN	CED		
YOU'S YOU'S STON ST		emale	white	MA9 12		YRS.		DEAD(1-22 1984	1:33
CESSAR PLEX VERAL DIRECTED O'OR YOUR PLE MITHIN 72 HOUR PRESTON STREE		IRTHPLACE (5'	TATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 9K.		UNTY OF DEATH	- 1
NECESSAR FUNERAL DES 5 FOR YOUR W. PRESTONS		TWI		usi	4	WIDOW			rince Ge	eorge's	MD.
10 mm = 1/17	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING H	OME, OR OTHE	R INSTITUTION	120 USUAL OCCUPA	ATION (TYPE OF W	ORK 126 KIND OF BU OR INDUST	SINESS
STEER N. O		Lanham		Doctors	Hospital	of Dr	Geo. Co.	FOR MOST OF WORK	ING LIFE)	OK INDUSTI	< 1
855 MA			(IF IN NURSING HOME O		VE RESIDENCE BEFORE AD	AISSION)	GEO: 00:	. , ,		- 'n Os	7011
21201 F AND 3 AND 3 RETAIN HOULD	13a S	TATE	13b. COUN	JA	13c. CITY OR TOW	NILL	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	is . A	Zip. 20	184
Z A A S S S S S S S S S S S S S S S S S		/11()	7.6	•	MEW CON	olltan	YES NO L	7602	TOPEN S	<i>) ,</i>	
MD.	14 E	THER'S NAME		MIDDLE	an a. LAST		15. MOTHER'S MAID	EN NAME MIE	DDLE	LAST ,	
EATH FES 1, PM	1	Kobout		(MA)	MYER	5	Victor	a (1	VA)	Lowkea	d
TIMORI TER DE FORM FORM ON OF	16a \	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	1	ADDRESS	41.0	
BALTIMORE. S. AFTER DEA GIVE PAGES GIVE PAGES INTORNA		NO	(IF YES, GIVE	WAR OR DATES	-NA	-	Victoria 7	nuers (SA	me As	#13	
			F DEATH (Enter on	ly and says and line	far (a), (b), and (c)			7		APPROXIMATI	
ST., NOUR S WIT.		PARTIDE	ATH WAS CAUSED	BY:	ROUZON	Dose	ere 8 11	molinas	ems	BETWEEN ONSE	AND DEATH
W. PRESTON ST WITHIN 24 HOU FENCIL IN ITEM 11 MINER ALONG INTAL HYGIENE OR REMOVAL.		17-	IMMEDIA1		AS A CONSEQUEN			- Tricket	200		
MO AND THE ST		Candita	ns, if any, which	DUE TO, OK	AS A CONSEQUEN	CE OF					
W. PREST		gave ri	se ta immediate	(b)	1.941						
201 W. B UTED WIT IN PENC EXAMIN EXAMIN ON, OR B		lying cau	stating the under-	DUE TO, OR	AS A CONSEQUEN	CE OF					
CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN PIND THE WORD "PENDING" IN PIND THE CHIEF MEDICAL EXA SE SHOULD BE USED AS A BURIAL-DEPARTMENT OF HEATTH AND MEDICAL IN PRIOR TO BURIAL, CREMATION, (1)		lying coo	756 1031.	(c)							
EXECT NG" CAL		PART 2 OTHER SI	GNIFICANT CONDITIONS		BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN PA	ART I tal			
RECORDS, TD BE EXEC PENDING", PENDING", D AS DECAL REALTH AN	Z										
PEN	CERTIFICATION	19a DATE OF	OPERATION	II9h CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED?			20 AUTOPSY)
SHOULD ORD "PE	S.										
OF VITAL ATE SHOU E WORD " THE CHIEF ILD BE USE WENT OF F	E	DI- EVICONI	AL CAUSE WAS	21b. TIME O	E IN LINEAU	Tat us				YES 🗆	NO 🔀
N OF OF THE WORLD BE STAKEN	0	UNDERLYING				EAR ZIE HC	W INJURY OCCURRI	ED (ENTER NATURE OF IN)L	RY IN HEM 18 PART 1	OR PART 2)	
NO SECOPER	3	CONTRIBUTI	NG CAUSE OF D								
S CERTIFICATE RITING THE W RDED TO THE E DEPARTMEN OI PRIGRETO E	MEDICAL	21d. INJURY C		21e PLACE	OF INJURY (AT HOW TORY, FARM, ETC.)		CATION	CITY OR TOW	'N	COUNTY	STATE
DIN THIS C WRIT WARDI PAGE: TATE D	5	AT WORK	NOT WHILE		, , , , , , , , , , , , , , , , , , , ,						
				4.0	3 1 1 1 1 1		y , Inspection	X . 2	and in r		
EXAMINER: CERTIFICATE OLID BEFORE: WITH THE S WARYLAND,				TXI	scribed abave, held					ny apinian	
SER SER		death result	ed from: Notur	ral causes 🗀.	Accident,	Suicide	Hamicide .	Undetermined mai	nner		
EXAMI CERTIFI UID BE DIRECT WARYL		ACTUAL	Muga	WA PS	Latine		TITLE (SPECIFY)			ATE 1_22_9	
MENT THE THE MORE A SHORE A	-	SIGNATURE	14 pages	0/0//	ough	M.	Deputy Deputy	MEDICAL EXAM		ATE 1-22-8	34
DE TENE		EXAMINER'S	Maur (/		11	1	2.12				
■ G ※ 配 器 ∈ ×		TYPE OR PRI		sto P. Ro	driguez,	M.D.	ADDRESS 5009	Rayburn Ct	., Templ	le Hills, I	Md.
PATO PETO	23a.E	URIAL, CREMA	TION, REMOVAL 2	3b. DATE	235 NAME OF	CEMETERY, OF	RCREMATORY	23d. LOCATION	۸ .	COUNTY . SI	ATE
BP	1	Burial		26 mar 284	6 Girto	of Koak	UN	La Cases.	Varino		m.
	24 F	UNERAL DIREC	TOR			.0	25g, DATE	REC'D. BY REGISTRA	256 REGISTRA	R'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	14	PARE /	nh m to	4. 9013 An	nan/200	mo 20		2.7 1091	St. e.	8. C	1 1
20M 4/B2	110	CAN VA	THE THE	חמנוקיי	inde SEO	1110 20	JAIN	J 130°	- while	- wall	

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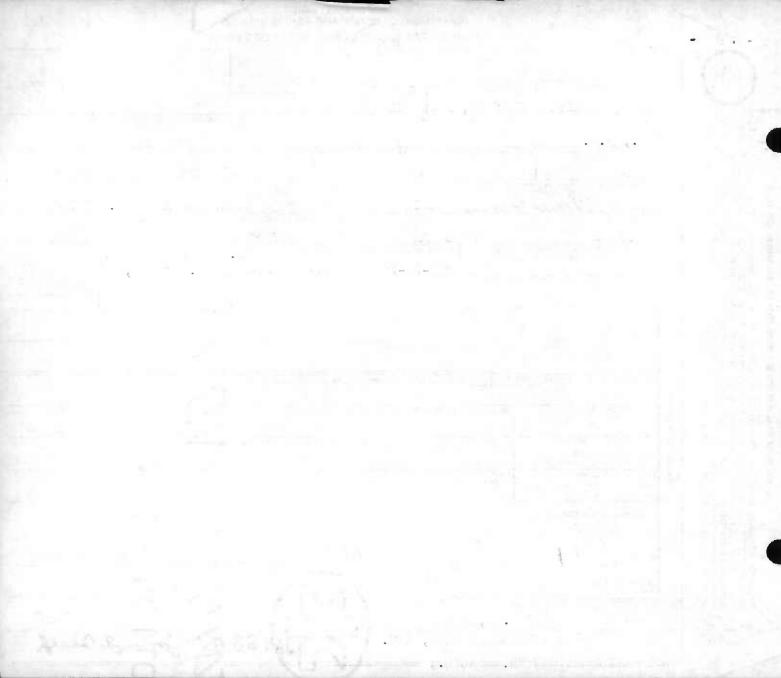
2	1 -	FOR STATE	DE		AND. HEALTH AND MENTAL HYGIE FICATE OF DEATH	ENE & (2 67
1		REGISTRAR TEASED NAME FIRST OR PRINT) Aleyat	mma	Nath	LAST	REG. NO. 20 DATE OF DEATH MONTH January 9,	1984
	SE> F∈		Indian		of BIRTH "il 145,1907	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER 1 YEAR IF UNDER 24 HOURS M
No so		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU Perma.Resi	dent WIDOW	ED NEVER MARRIED	Prince Georg	TY OF DEATH
0		lelphi	2 00 2 UCH SCHOOL		or other institution ceet	USUAL OCCUPATION (TYPHOMEMAKE)	126 KIND OF BUSINESS INDUSTRY
35	13a. S MC	THER'S NAME	Adel	phi	13d. INSIDE CITY LIMITS? YES TO DO		Street
160	160 V	UNK VAS DECEASED EVER IN U.S. AF	Yesudia RMED FORCES? 166 SOCIA	nst Na Security No.	Annamma II. INFORMANT Same	as 13EADDRESS	UNK
9/		es, no or unknown) (IF Yes, Gi Tone	ve war or dates}	94 483		Purushothama	an (Daughter) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
jury, or ather troumatic ever	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEOUENCE OF	IT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION (GIVEN IN PART To
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEA	2	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART L OR PART ?)
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			10171	19 83	and that in (my) (aur) apinian d	eath occurred on the date and h	
		226. SIGNATURE SIGNATURE 1226. PHYSICIAN'S NAME (TYPE		,	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	1/9/2-4
		Fredric Ca			6525 Belci	rest Rd.Hyat	ts.Md.
		URIAL, CREMATION, REMOVA BUTIAL	1/13/84		CEMETERY OR CREMATORY e Washington	Adelphi	PGTY Md. STAT
		ineral director	11800 New^	Hampsh	ire Ave. S. S.	rec'p. By registrar 256. Rec	ISTRAR'S SIGNATURE

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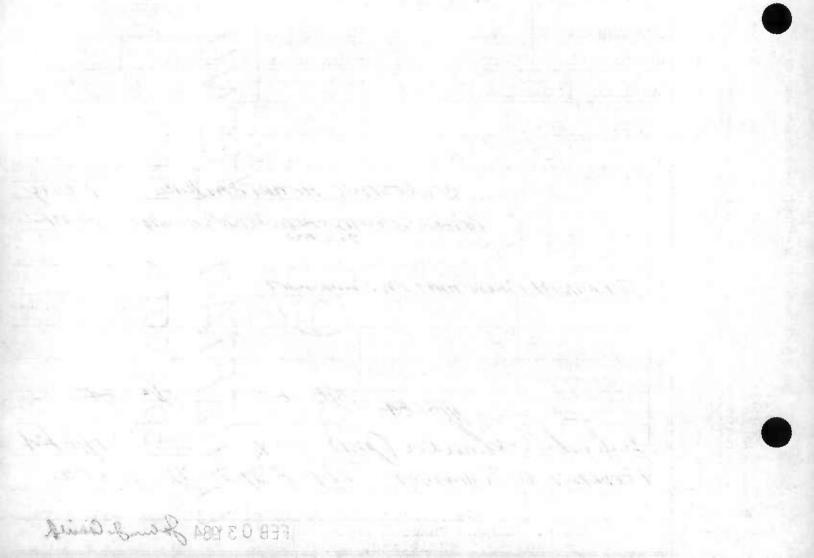
181



	100	EASED NAME	FIRST	MED	CAL EXAMINER	LAST	REG	, NO.	YEAR 26 HOU
Year.		OR PRINT)					20. DATE KNOWN OF ESTI- DEATH MATED		
温泉が用	3. SEX		Fred	5. DATE OF BIRTH	6 AGE (IN YEARS	Needleman IF UNDER 1 YR. IF UNDER			19 84 YEAR 2d. HOU
1		LE	WHITE	JULY 26,	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1-16	19 84 a. A
42	7a Bil	RTHPLACE (ST.		76 CITIZEN OF WHA			9. BALTIMORE CIT	TY OR COUNTY OF	
1		SH. D	C	USA	w w	MARRIED NEVER MARR	ED Dringe	Ceorge's	County, MI
10		Y OR TOWN		11. NAME OF HOSPI	AL, NURSING HOME, O		120 USUAL OCCUPATION	STYPE OF WORK 12b K	IND OF BUSINESS
7]	Lanham			TY. GIVE STREET ADDRESS) 'S Hospital		FOR MOST OF WORKING LIFE) STUDENT		CHOOL
4	U UA	L RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		011002
ı	ALLEI COM	RYLAND	PRINC	E GRONGES	BOWIE	YES NO	12318 FLAMIN	NGO LA. 2	20715
1	14. FA	THER'S NAME		WIDDLE	LAST	15. MOTHER'S MAID			LAST
		HARO	LD		LEMAN	MARLI		GREEN	STEIN
	16a. W	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURITY N	O. IT. INFORMANT	MR. HAROLDON	TEEDLEMAN	
1	NO)			212-78-7060	12318 FL	AMINGO LA. BO	WIE, MD	20715
I		18 CAUSE OF	DEATH (Enter onl	y ane cause per line fo				86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		Maa		E CAUSE (a)	Undeterm	inled			
		177	s, if any, which	DUE TO, OR A	A CONSEQUENCE OF				
		gove ris	e to immediate	(b)					
		lying cous	stating the <u>under</u> - se last.	DUE TO, OR A	A CONSEQUENCE OF				
		BART 2 OTNER CIC	NICICANT CONDITIONS	(c)	THE PERSON OF THE PERSON	DISEASE OR CONDITION GIVEN IN PA			
	z	TAKE 2 OTHER SIG	miricani conoilions	CONTRIBUTING TO OFATH SO	NUT KELATED ID THE TERMINAL	DISEASE OR CONDITION GIVEN IN PA	RI I (a).		
1	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPERATE	ON WAS PERFORMED?		20	AUTOPSY?
	IFIC								YES X NO [
5	ERT		L CAUSE WAS	21b. TIME OF I		21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	TES AD NO
5	ALC	UNDERLYING	OR CAUSE OF D	HOUR A.M. A	MONTH DAY YEAR				
	MEDICAL	21d. INJURY O		21e PLACE OF	INJURY (ATHOME, 2	If LOCATION			
- 9	X	WHILE AT WORK	NOT WHILE	STREET, FACTOR	Y, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		7.1 5/(1)		124 E		Autopsy XX Inspection		CT.	
					nen Whose held on			and in my opinian	
			10	e of the remains descri					
		220. I certif death resulte	10	e at the remains described and courses	eghan Circid	Hamicide .	Undetermined manner		
		death resulte	10	XX		Hamicide	Undetermined manner	DATE .	1-16-84
0		, death resulte	10	XX		Hamicide .	Undetermined manner].	1-16-84
2		ACTUAL SIGNATURE	NAME DOD	XX	July n	Homicide TILE (SPECIFY) Assistan	Undetermined manner	DATE .	1-16-84
2	23a. Bl	death resulte	NAME Deni	nis F. Smy	July n	Homicide TILE (SPECIFY) D. Assistan ADDRESS 111	Undetermined manner	DATE SIGNED	
2	23a. BU	death resulte	NAME Deni	nis F. Smy	th, M.D.	Homicide TILE (SPECIFY) ASSISTAN ADDRESS 111 ERY OR CREMATORY	Undetermined manner [t_medical examiner Penn Street	DATE SIGNED	1-16-84 ARYLÂÑĎ
73	(5	death resulte	NAME Den:	nis F. Smy	th, M.D. 231 NAME OF CEMET	Homicide TLE (SPECIFY) ASSISTAN ADDRESS 111 ERY OR CREMATORY	Undetermined manner L MEDICAL EXAMINER Penn Street 13d LOCATION CITY OR TOWN	DATE SIGNED	

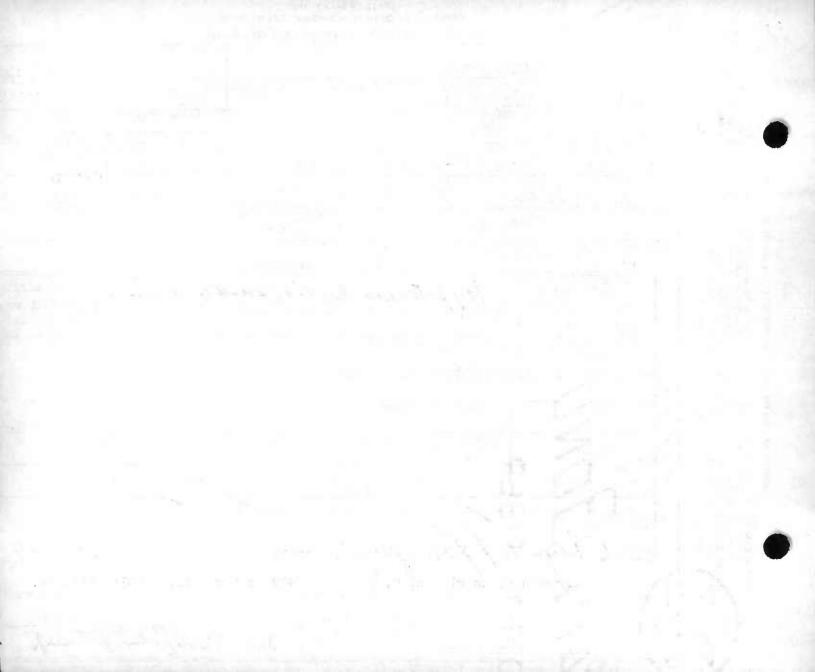


Suitland, Md



	1	FOR		DEPARTMENT OF	HEALTH	AND MENTAL HY	GIENB -	0201	1 51
	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
		T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 20.							
	MARY LOUISE NEULAND OF ESTI- DEATH MATED JAN 12 19 84 10:10								
	3. SE	4. RACE	S. DATE OF BIRTH SEARCH STATE OF BIRTH AND SEARCH S			DER 1 YR. IF UNDER 24		MONTH DAY YE	AR 2d. HOUR
	I	emale White	July 8 1905 78 YRS.			S DAYS HOURS	PRONOUNCED JAN	NUARY 12 198	4 1014A
70		RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WH		8. MARRI	ED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	V	ashington DC	USA			53	GEORGE'S COUNTY MD.		
1	ID. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 12b. KIND OF BU FOR MOST OF WORKING LIFE) OR INDUST				BUSINESS		
	ANDREWS AFB		MALCOLM	MALCOLM GROW USAF MED CENTER Homema			Homemaker	200	100
	USU,	AL RESIDENCE (IF IN NURSING HOME (TATE	OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISS	SION)	13d INSIDE CITY LIMITS? 1	3e_SIREET_ADDRESS	0/0/9	
2	1	Maryland Pr	Geo	Dist He	ights	YES NO 1	75I3 Kiplin	ng Parkway	7
H. IF ANY DELAY IS 1, 2, AND 3 TO THE F 1, 3, AND 3 TO THE F 1, AND 3		FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDLE FIRST MIDDLE LAST 15. MOTHER'S MAIDLE				NAME	C - LASL		
T., BALTIMORE, MD. 3. JOURS AFTER DEATH. IF 18. GINE PAGES 1, 2, 4. WITH FORM PM 3. WIT PAGES 1 AND 2 SH E. DIVISION OF LITAR.		Henry	LaFontaine			Eloise		Sears	
		VAS DECEASED EVER IN U.S. AR (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT	ADDRESS		
		No		578 28	7583	Rita Bras	sh Same	as #13	
		gave rise to immediate cause (a) stating the under- lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS	DUE TO, OR	AS A CONSEQUENCE		OR CONDITION GIVEN IN PART	1 (0)		
BORING, CREWATION, OR ACIM	CERTIFICATION	I DIE OF ORTHUR	1						
	ICA	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						2D AUTOP	
-	- 1	21g. EXTERNAL CAUSE WAS	21b. TIME OF	INITIDY	21, 11/	W IN HIS OCCUPED	ENTER NATURE OF INJURY IN ITEM 18	YES [] NO []
2	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	. MONTH DAY YEA	AR .		(ENTER NATURE OF INJURY IN ITEM IS	PART TOR PART 2)	
	AED	21d INJURY OCCURRED WHILE DOT WHILE O		OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
	-	AT WORK AT WORK							
LEAGUNINES THIS CO CERTIFICATE, WRITH DUID BE FORWARDS I. DIRECTOR: PAGE 3 H, WITH THE STATE DI MARYLAND, 21201 I		22a Leartify that I taak charge of the remains serviced above, held an Autopsy . Inspection . Inquiry . and in my opinion							
		death resulted from: Natural causes . , scidem . , Suicide . , Homicide . Undetermined monner .							
		TITLE (SPECIFY)							
		SIGNATURE / LUGUSTO DEPUTY MEDICAL EXAMINER SIGNED 1-12-84							
i	-	EYAMINEP'S NAME A	D D		0	FOOD D	mahama Oh Ma		11.3
		(TYPE OR PRINT) us				ADDITESS	ayburn Ct., Te	mbre HIII,	Ma.
	23o.E	URIAL, CREMATION, REMOVAL		23c. NAME OF CE			Suitland	COUNTY	HATE
	24 5	Burial	14Jan198			Cemetery		Marylan	id
	1	UNERAL DIR ROBert E		n Funeral	пощ	JAI	1 9 1984	hung tous	ul
	1	Sulfitallo	ratyte	AIIU		0111		¥	

20M 4/82



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STATE C	OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO)			
		CEASED NAME FIRST OR PRINT) Alessar		MIODLE	i,	Niccoli		MONTH	1984	26 HOUR 8:15P) M
1	3. SEX	Male	4. RACE White		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY]	HEUNDER I YEA		IRS IN,
1	20	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O HVattsvill Prince Ge	County	ounty MD.		
1		TY OR TOWN OF DEATH yattsville		HOSPITAL, NURSIN HEACHLY, GIVE STREET OL Manor		ng Home	12a. USUAL OCCUPATION OF OF WORK FOR MOST OF VIOLINIST	ONL	101 MILID	OF BUILDINGE	OR
5	USU A 130. S	AL RESIDENCE (IF NURSING HO) OF TATE Md • 2091	NTY gomery	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 9101 2nd A	re.	9	2090	0
1		THER'S NAME FIRST Stefano	WIDOLE	Niccol	i.	15. MOTHER'S MAIDEN NA. Rosa	ME MIODLE		Unkno	Wn	
2		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	166 SOCIAL SECU 022-05-7	-	17. INFORMANT Diana Minghi	.W. Was	W. Wash., D.C.			
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O		NCE OF	pricinon	FAILL		- 31	97-45 532	
2	CERTIFICATION	198. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES [?
1	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 218. IN JURY OCCURRED WHILE AT WORK AND WHILE AT WORK 220. I certify that (1) (this hasp	HOUR A. P. 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI CITY OR TO		COUNTY	STATE	
		sow the deceased alive o above, (I) (we) (did) (did n 27b. SIGNATURE	n 1-2- ot) view the body	719_6	SY.01		MEDICAL STAI		our and from th	E SIGNED	
/		John Seymou				5480 Wiscons	sin Ave. Che	vy C	hase,Mo	. 2081	5
	23a. B	SURIAL, CREMATION, REMOVA SPECIFY) Cremation	1-30-8	4 Cec	lar Hi	EMETERY OR CREMATORY	23d LOCATION CITY SINTE	and,	COUNTY	STATE	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicio

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove corban popers. Pages, and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

INPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, The

FOR

24 FUNERAL DIRECTOR
Joseph Gawler's Sons

Wisconsin Ave. WashDC

Prince Geo. PEB 1 1984 PEGISTRAR 250 REGISTRAR'S SIGNATURE

JEEG CONTRACTOR NX Coursel France (asy Law offer the 6111 . are feet transport to the state of the sta The same of the second of the Compared of the Compared to th John C. John W. W. Jahr days mir, b. 0. United cyconomic Debit sales of the sales on our re-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS Andrew Warren Nicholson 84 DEATH MATED 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED Aug. 31, 1938 10 84 DEAD Male White 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince Georges County WIDOWED [DIVORCED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Maintance Worker 5800 Annapolis Road, Self Employa Bladensburg JSUAL RESIDENCE US IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges | Bladensburg 5800 Annapolis Road, #714 Maryland YES T NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Andrew Nicholson Lou Corbin B. 166 SOCIAL SECURITY NO 17 INFORMANT 7950° Tahna Lee Ave. Alice B. Perdue 231-46-5503 Alexandria, Va. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG None 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (AT HOME 71f LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN WHILE AT WORK COUNTY 77a I certify that I took charge of the remains described above, held an Inspection death resulted from: Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 1/25/84 Deputy SIGNATURE 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 1/31/84 Ft. Lincoln Cemetery Brentwood P.G. Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE rancis Gasch's Sons Funeral Home, P.A. DHMH - 17 Hyattsville, Md. 20781 (VR A15 ME (5)) 15M 2/80

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	J. 3E				MONTH	DAY" YEAR			MONTHS DAYS	HOURS
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42	(COUNTRY			MARRIED	NEVER MARRIED		_		
11	_	TRGINTA		S. A.	WIDOWED	DIVORCED [Prince Geor		12b. KIND O	E BLICINIEC
1000	Cli	nton	Southe	rn Maryla	nd Hospi		CAB DRIVE	OF WORKING LI	FE) INDUSTRY	PORTA
must	130. 5		OUNTY	13c. CITY OR TO	OWN 136	I. INSIDE CITY LIMITS?	13. STREET ADDRESS		20	74
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The Cal	D	IRVINNG TEC	UMSEH	NUNNALLY		KITTY	CLYDE		NEWI	CON
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any injury, or ather traumatic	ATION		h de	O, OR AS A CONSEC	QUENCE OF		RMINAL DISEASE OR CO	20b. 1F YE	S, WERE FINDIN	VGS USED
aws any injury, or affer fraumatic	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA	h de	D, OR AS A CONSECUTION OF THE CONTRIBUTING TO	QUENCE OF			20b. 1F YE		VGS USED
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rked or Item 18 shaws any injury, or affer fraumatic	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO DUE TO DUE TO ID DUE TO IC DU	DO, OR AS A CONSECUTION FOR WHI	QUENCE OF TO DEATH BUT NO TICH OPERATION V DAY YEAR 19 21	VAS PERFORMED	200 AUTOPSY?	20b. 1F YE IN CERT! YE URY IN ITEM 18	S, WERE FINDIN FYING CAUSES ES []	NGS USED OF DEATH
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MPORTANI: If them 2.1 is marked at them 18 shows any injury, or other traumatic	1	gove rise to immediate couse lot, stating the underlying couse lost underlying couse lost 19e. DATE 2. OTHER SIGNIFICA 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPETITHER NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHILE AT WORK ON THE COUNTY OF	DUE TO DU	DO, OR AS A CONSECUTION OF THE CONTRIBUTION OF	QUENCE OF TO DEATH BUT NO TICH OPERATION V DAY YEAR 19 CE. FARM. ETC.) DEC.	IL LOCATION STREET 1. 19 21 STREET STREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NO NOTICE OF IN CITY OR ITY	20b. IF YE IN CERTIN YE IN CERTIN YE IN CERTIN YE IN ITEM 18 OWN AFF	S, WERE FINDINFYING CAUSES ES PART I OR PART 2) COUNTY 19 24 , ur and from the	NGS USED OF DEATH NO

DHMH - 16 50M 4/B2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

(VRA 15, 4)

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STATE OF MARYLAND

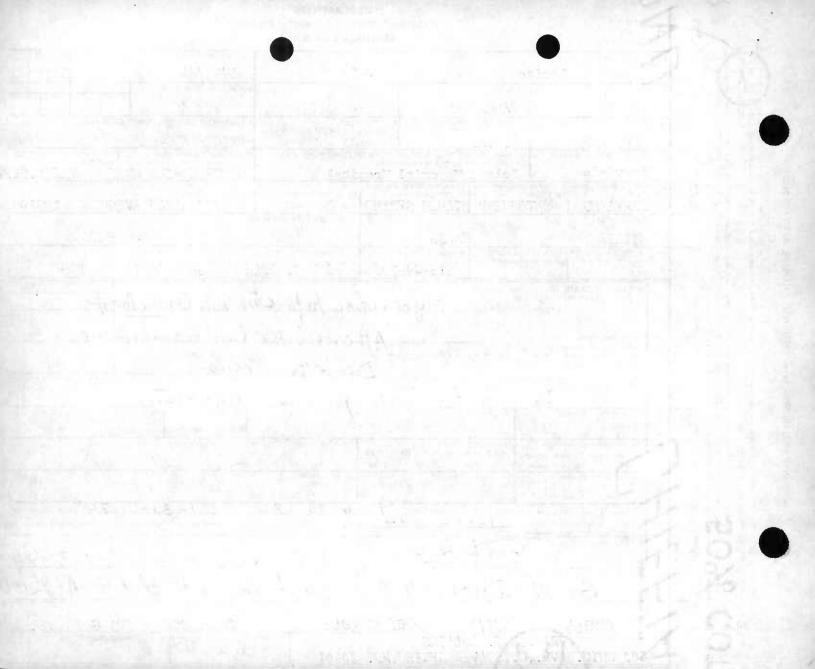


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MALES DE LANGE DE CANADA

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)



1	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 0	2 0	3 1					
~	1. DECEASED NAME	FIRST	MIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR					
16/2		ANCIS RUSSEI	L OSTERKA	MP ,	SR.	JANUARY 16 1984		1043 am					
7	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS					
185 0	MALE	WHITE	2	AUGU		85 YRS.		Mar.					
(4 1 K) h	78. BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN O	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PENNSYLVANI	A UNITE	ED STATES		MD.								
11 15	10. CITY OR TOWN OF DEA		HOSPITAL, NURSIN		F BUSINESS OR								
1 1	ANDREWS AFB				DICAL CENTER	(TYPE OF WORK FOR MOST OF WORKING LI	TARY						
thought to	USUAL RESIDENCE (IF NURS 130. STATE MARYLAND	PRINCE GEOF	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 6506 CLAYTON LN	DR 20	745					
plets,	14. FATHER'S NAME FIRST	WIDDLE	erkamp		15. MOTHER'S MAIDEN NA FIRST Un		ĮA!	51					
15	160. WAS DECEASED EVER	IN U.S. ARMED FORCES		RITY NO.	17. INFORMANT	ADDRESS							
and by	YES NO OR UNKNOWN)	1915-1945	214-28-	4330	JEAN OSTERKA	MP 6506 CLAYTON	LN DR						
ding physicia urbon papers or removal	18 CAUSE OF DEAT PART I. DEATH W	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ASPIRATION WITH SECONDARY PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION & ARRYTHMIA ARRYTHMIA											
the often remove co	Canditions, if any gave rise to improve (a), statis	mediate ng the DUE TO	OR AS A CONSEQUE OR AS A CONSEQUE	16Rh	DEBILITATION.	SEVERE BEBILITAT	'ION	7.					

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

saw the deceased alive an.

22b_SIGNATURE

220.1 certify that (1) (this haspital) attended the deceased fram

above, (I) (we) (did) (did not) view the bady after death.

1-19-84

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22ª ADDRESS

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

JAN 85

22c. DATE SIGNED

LARRY B LIPSCOMB

MALCOLM GROW USAF MED CEN ANDREWS AFB.

DEGREE

20331

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY Arlington National 23d. LOCATION Arlington

STATE VA.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

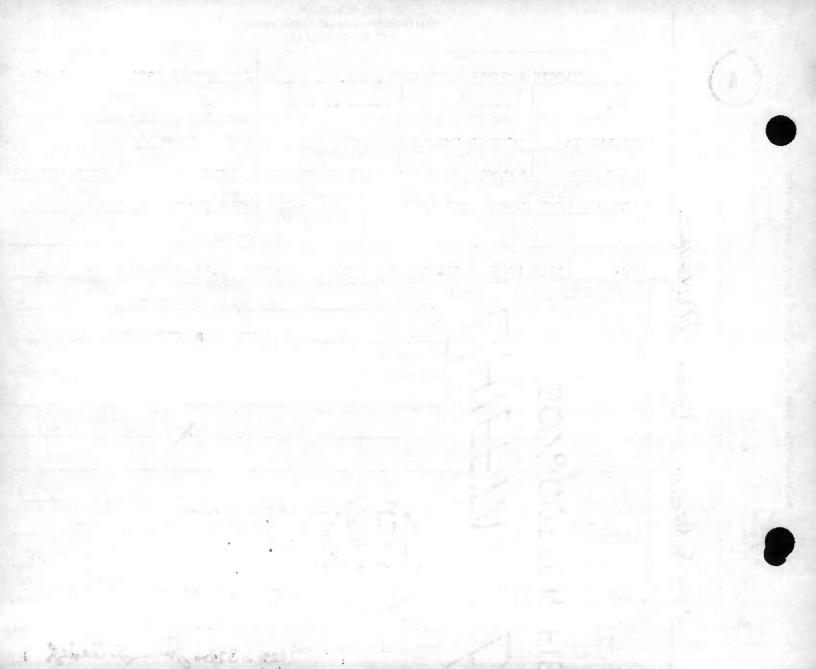
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IMPORTAN

O FUNERAL

^{24 FUNERAL} ROBert E. Wi Funeral Home Wilhelm

ADDRESS Suitland, Md

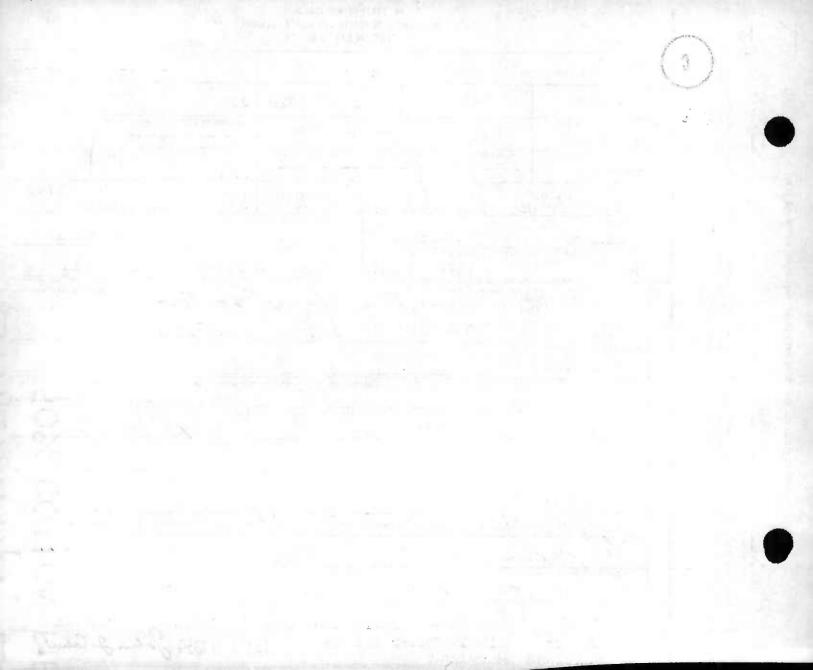


/		FOR			DEPARTMENT C	ATE OF A			YGIENE)	king .	0 :	2 5 3	em .
10		STATE REGISTRAR		M	EDICAL EXAM	INER'S		CATE O		L/C	G. NO.		
		CEASED NAME			WIDDLE		LAST			OF ESTI-	-	DAY YEAR	26 HOUR
Z 1996	3 SEX	/	Willi 4. RACE	.am Is, date of Birti	W 6. AGE (III		erton NDER 1 YR.	Sr.		DATE	D 1/3	0/8419 DAY YEAR	24 HOUR
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		TATE	13b COUN	1TY	13c. CITY OR TOW	N_	13d. INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS	37th <i>A</i>	Ive. 20	722
, MD.	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTH	ER'S MAIDE	NAME	MIDDLE		LAST	
VORE, MD. 2 R DEATH. IF AGES 1, 2, A RM PM 3. I LAND 2 SH V OF WIAL R		Gra	ndville		Overto		17. INFOR	Sally	<u>r</u>	ADE	DRESS	Merri	cks
₹ 5000 €		VAS DECEASEL ES, NO, OR UNKNO NO	DEVER IN U.S. AR	(MED FORCES? (WAR OR DATES)	579-03-				Over		above		
TON ST., BALT 24 HOURS AFI ITEM 18. GIVE ILONG WITH F IPERMIT PAGI GGIENE, DIVISIG		18. CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one cause per li	ne for (o), (b), and (c).)				(Wif	e)		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ON ST., 24 HOUR ITEM 18. ILONG W PERMIT. GIENE, D	17	800	400	TE CAUSE (o)	Multiple OR AS A CONSEQUEN		les						
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W. P. WITT		cause (o)	e to immediate stating the under		OR AS A CONSEQUEN	CE OF							
EXECUTED ING." IN PERIOR EXAMPLED A BURIAL-HAND MEI AND METION, COMMETION, CO		lying cou	se last.	(c)									
CRITICATE SHOULD BE EXECUTED WITHIN 24 HOUTING THE WORD "PENDING" IN PENCIL IN 11EM 18 SHOULD BE USED TO THE CHIEF MEDICAL EXAMINER ALONG 35 SHOULD BE USED AS A BURIAL TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITIO	IN GIVEN IN PAR	T 1 (a).				
RECO ID BE PENDI MEDI A SA HEALTH	CERTIFICATION	190. DATE OF	OPERATION	19b. CONI		2D AUTOPSY	(?						
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S CER RETIN REDED SE 3 S	MED	WHILE	NOT WHILE	STREET, FA	ACTORY, FARM, ETC.)		STREET	7	4.7	YORTOWN	-	OUNTY	STATE
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A HE	1	SIGNATURE.	A	work	1/2Ums	^	Der Der	outy C	hiæbica	LEXAMINER	DATI	NED 1/30	/84
DIV TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITHATHE STATE BAUTMORE, MARYLAND: 27201		EXAMINER'S (TYPE OR PRI	NAME Th	omas D. S	Smith, M.D.	-	_ADDRESS_	111 P	enn St	., Bal	to., Mo	d. 21201	
PA P		SPECIEVI	TION, REMOVAL		23c NAME OF				23d. LOCA	OWN	- 3 D.CO	UNTY	Id.
BP	24 F	Bur:	Lal _	2/2/198		incol		1 . DATE P	EC'D. BY REG	entwo	REGISTRAD'S	Geo. M	10.
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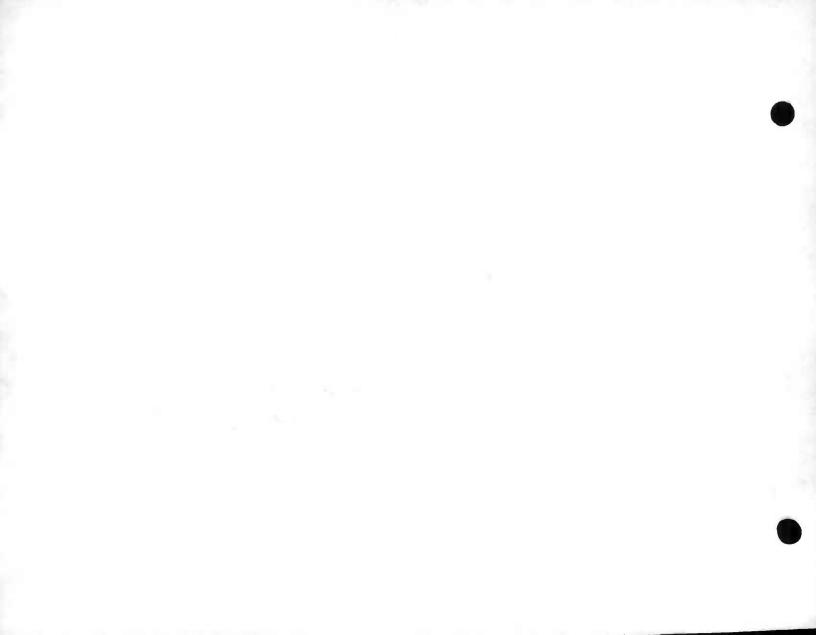
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CERTIFICATE \$4-02685



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED XX (TYPE OR PRINT) 19 8/1 2, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR FILES, SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET, 20 Edith Samantha Willett Pickera IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 2-29-1902 DEAD 10 84 Cau. Female YRS 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland WIDOWED DIVORCED Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Housewife Own Home Temple Hills 130 STATE 13b. COUNTY 5911 Fisher 13d. INSIDE CITY HMITS? Maryland P.G. Temple Hills NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AND Unavailable Jet Fannie Willett 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Box 2 DIVISION J. Montgomery, Waldorf. 216-22-3672 Wallace APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CATE, WRITING THE WORD PENDING. INVAMINER ALONG WEORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WOR! PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DITHE STATE DEPARTMENT OF PRANTION. OR REMOVAL. PART I DEATH WAS CAUSED BY lerotic Cardio- cereprovosques IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AGIER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted from: Hamicide Undetermined manner Noturol causes TITLE (SPECIFY) ACTUAL SIGNATUR EXAMINER'S NAME Augusto P. Rodriguez, 5009 Rayburn Ct., Temple Hill, Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Waldorf, Charl Charles Crematory Md. Cremation 24 FUNERAL DIRECTOR **DHMH - 17** Huntt Funeral Home, Waldorf. Maryland (VR A15 ME (5))

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STATE OF MARYLAND

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ADDRESS

SILVER SPRING. Md.

FOR

REGISTRAR

24. FUNERAL DIRECTOR

W. W. CHAMBERS CO. INC.

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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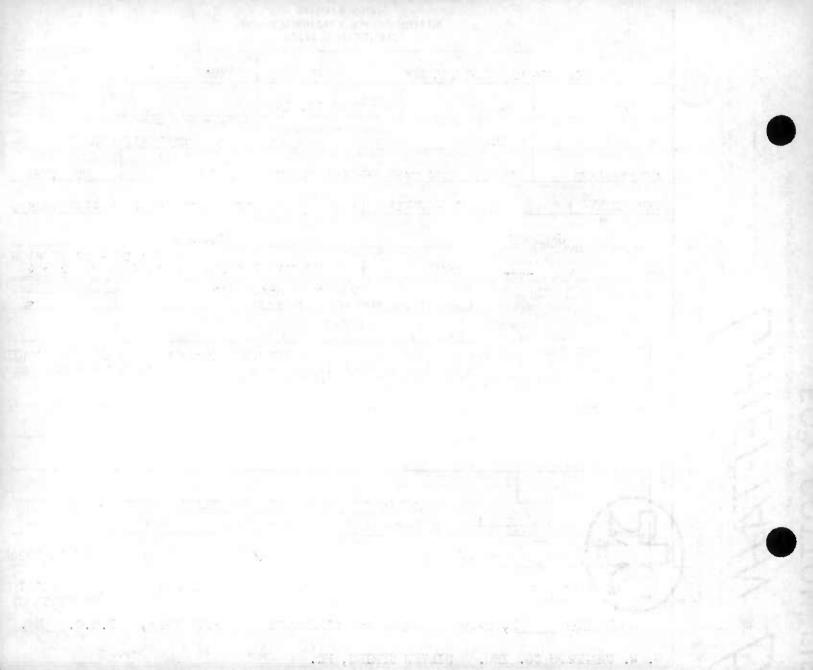
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME LAST 70 DATE OF DEATH TYPE OR PRINT R. Redd Eugene 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH Male Caucasian 1909 June 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Prince George Maryland WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH Southern Maryland Hospital Cent Waval Research Lab. Fed. Gov't. Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20601 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 217 Barksdale Avenue Charles Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Day Hester puo Redd John 217 Darksdale Avenue 17 INFORMANT BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN) 577-05-3821 Virginia S. Redd Waldorf. Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) SP IRA TORY ARRES) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A THERO SCLEROTIC AND

(b) HYPERTENSIVE CARDIO VASCULAR DISEASE Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LCITUS 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) text) apinian death occurred on the dole and hour and from the causes stated obave, (1) (we) (did) (did not) view the bady after death DEGREE 226. SIGNATU 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN MO 22 ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE 1/27/84 Burial Maryland Veterans Cem. Cheltenham P.G. BP B) REGISTRARISE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REAP DHMH - 16 50M 4/82

George P. Kalas Funeral Home Oxon Hill. Md.

(VRA 15, 4)

STATE OF MARYLAND

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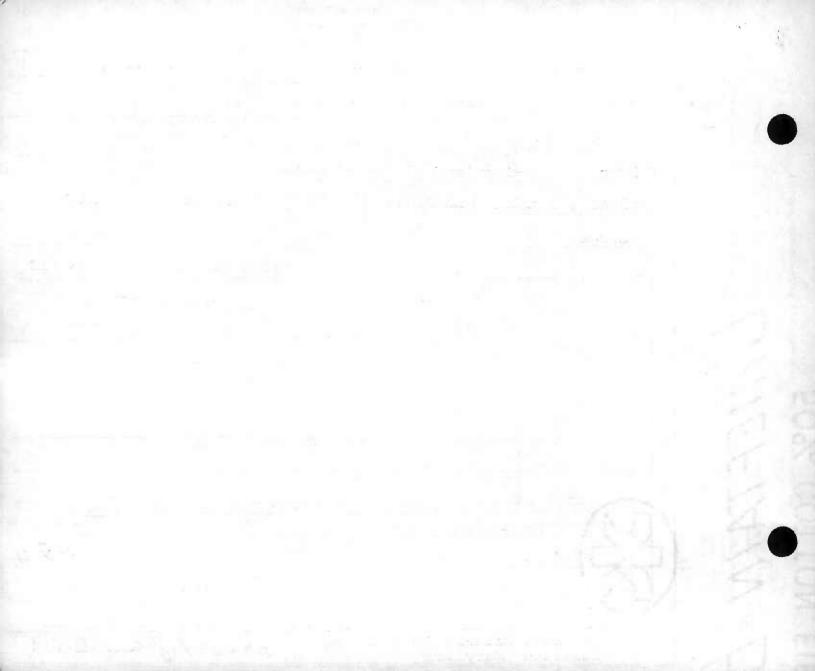
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH YEAR Zb. HOUR (TYPE OR PRINT) RHODES SR. SUMNER P. DEATH MATED 1-14 HTMOM 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 7:39 black male 10 84 12 97 86 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED EIGN COUNTRY) Prince Georges U.S.A. WIDOWED X Missouri DIVORCED CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Prince George General Hospital Cheverly Elevator Operator U.S. Govt. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HID GOUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13e STREET ADDRESS 5051 Haves St. N.E. Washington YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Gates Rhodes Manerva William 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? M SOCIAL SECURITY NO .Ames St. (YES, NO OR UNKNOWN) 486-09-3697 William H. Rhodes Washington, 18 CAUSE OF DEATH (Enter only one cause per lian for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OWAS A CONSEQUENCE OF man syndrone unth fremos Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, CRASS A CONSEQUENCE OF lying couse lost. ED AS A BURIA HEALTH AND A AL, CREMATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CATION 19a. DATE OF OPERATION 2D AUTOPSY? PARTMENT OF HOR TO BURIAL YES [NO TO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that I taak charge of the remains described above, held on Inspection and in my apinian Accident X Suicide Hamicide Undetermined manner Natural couses TITLE (SPECIFY) DATE 1/15/1984 MEDICAL EXAMINER Augusto P. Rodriguez, W.D. 5009 Rayburn Ct., Temple Hills, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 1/18/84 Lincoln Memorial Cem. Suitland Prince George's MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 20M 4/82 VASHINGTON, D.C. 20019

STATE OF MARYLAND

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37. PE	Fe	# RACE 5. DA MON Caucasian Se		YEAR LAST BIRTHDAY) MOI	JNDER 1 YR. IF UNDER	24 HRS. 2c DATE MIN PRONOUNCED DEAD	1 20 1984 24 HOUR
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RE, MD. 21201 FEATH. IF ANY DELAY FES 1, 2, AND 3TO TA A PM 3. RETAIN PA AND 2 SHOULD BE FI PAULZ RECORDS, 2	Ma	ryland Prince Geor		emple Hills,	T3d. INSIDE CITY LIMITS? YESK NO	3908 Buck Cre	ek Road
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		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A	CONSEQUENCE OF			
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120		EXAMINER'S NAME Augusto	P. Rodsi	guez, M.D.	_ADDRESS 5009 F	Rayburn Ct., Te	mple Hills, Md.
DAY DAY	23a.E	URIAL, CREMATION, REMOVAL 23b. DA	TE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	F	urial Jahuar	y 20, 19	84 Ewing Cer	metery	Trenton, Mer	cer, New Jersey
DHMH - 17	24. F	UNERAL DIRECTOR Lee Fune			25a. DATE	REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
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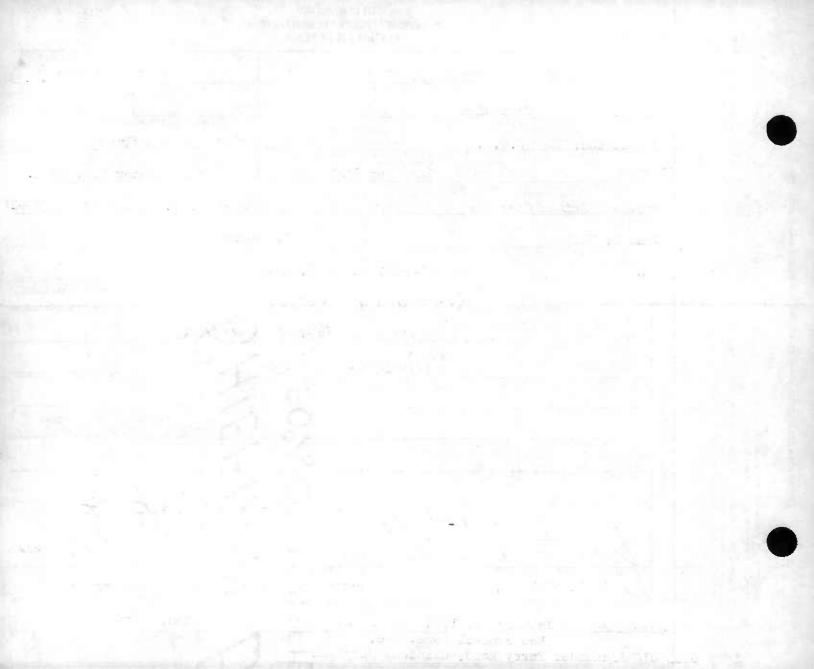
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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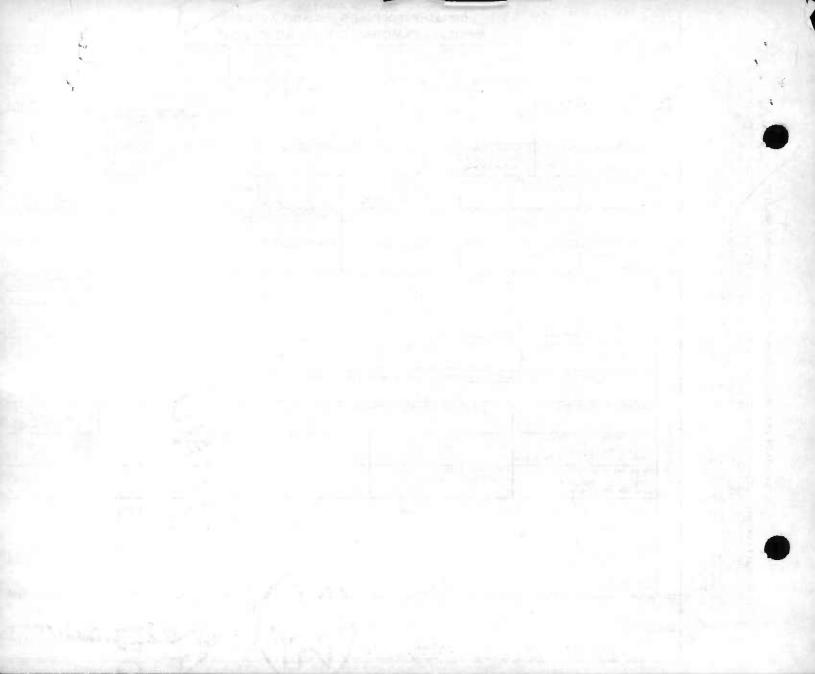
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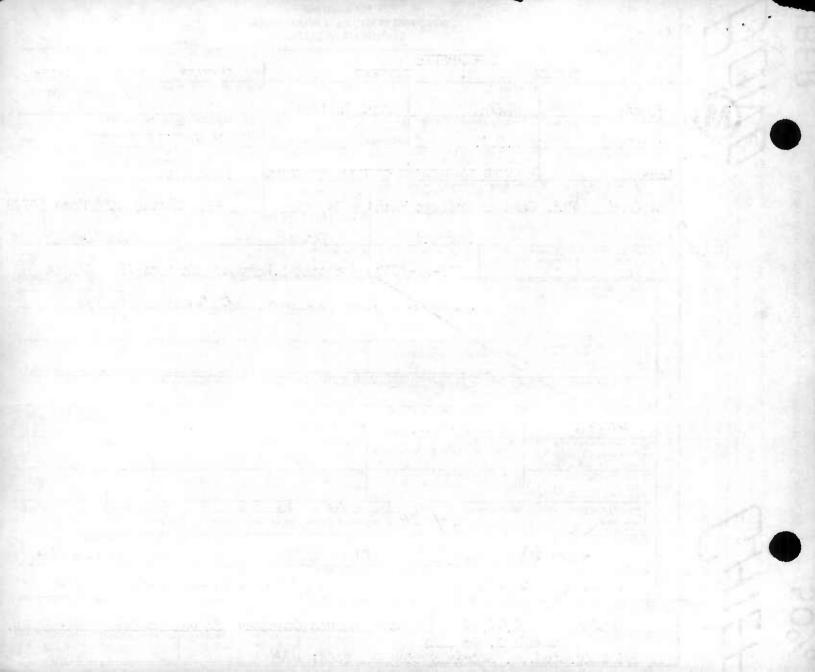
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T	16a. V	VAS DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. 5O	CIAL SECUR	TY NO.	17. INFOR	MANT			ADDRESS			
		Jnkn.	(IF YES, GIVE	WAR OR DATES											
		18 CAUSE C	OF DEATH (Enter on	ly one couse per	line for (o), (b	o), ond (c).)								APPROXIMAT BETWEEN ONSE	
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ATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HTGENEY, DESTRIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		4-	92		OR AS A CO	NSEQUENCE	OF								
ZEW.			ns, if ony, which	(b)											
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7	1	SIGNATURE	· ca		Jane !	1000	44	W.D. 11001	LO CONTO	MEDIC	AL EXAMIN	NER	SIGNED	7 .7	04
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	230.B	PECIFY)	TION, REMOVAL 2			NAME OF C	EMETERY	OK CREMAT	OKY	CITY OR	TOWN		COUNTY	r s	TATE
	24 FI	Remo		1/12/84	t				25a DATE	REC'D BY PE	CUSIRAD	TAN REGIS	STRAR' SIC	TAIRE .	#
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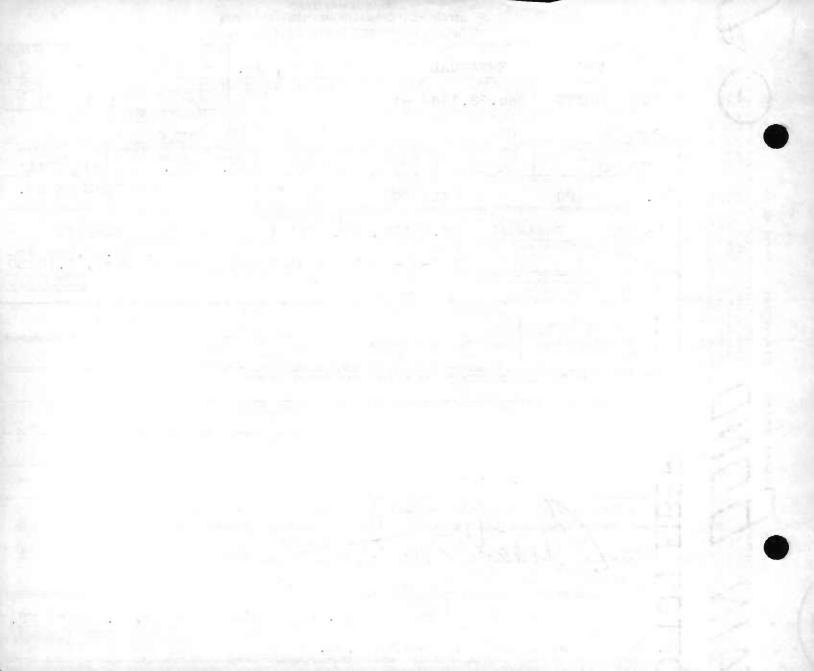




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH 1. DECEASED NAME 2b HOUR 7:33 PM (TYPE OR PRINT) 1-18-84 **EUGENIA** RUSHING FEALY 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 4. RACE IF UNDER 24 HRS MONTH WHITE 60 FEMALE DEC. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED PRINCE GEORGE'S COUNTY COUNTRY MASSACHUSETTS U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR SOUTHERN MARY LAND HOSPITAL CNTR HOUSEWIFE CLINTON USUAL RESIDENCE LIF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE COUNTY 12124 WHEELING AVENUE .GEO'S MARYLAND NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANK FEALY UNKNOWN 12124 WHEELING AVE .. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 578-26-7469 W.J. RUSHING-HPPER MARLBORO, MD. 20772 18 CAUSE OF DEATH (Enter only one cause per line far (a) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that this haspital attended the deceased from (my) (our) opinion deoth occurred on the date and hour and fram the couses stated obove, (A) (we) (did) (did na view the body after death 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS PROFESSIONAL BLDG., WALDORF, MD. 20601 DR. DANIEL HOWELL M.D. 23d. LOCATION 236 BURIAL CREMATION, REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY CHELTENHAM (Pr.Geo's) MD. CHELTENHAM VETERANS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE COLEMAN-U DHMH - 16 50M 4/B2 (VRA 15, 4)

THE WORLD 247-JMP

DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME YEAR 76 HOUR . DATE KNOWN N LIYPE OR PRINT! OF THOMAS EMMANUAL DEATH MATED St. Clair. JR. 1619 84 6. AGE (IN YEARS | IF UNDER TYR. HE UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 2:20E MALE WHITE Dec. 23, 1942 41 DEAD 1619 84 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED COMPTON USA DIVORCED XX Prince George's County WIDOWED 124 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS CITY OR TOWN OF DEATH TI NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LAB. TECH. HOSPITAL Clinton Southern Maryland Hospital 134 INSIDE CITY LIMITS? 134. STREET ADDRESS 6008 TERENCE PG COUNTY YES X NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE THOMAS ST.CLAIR. SR. EMMANUAL MABEL TIPPETT ANN 16b. SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES RT. 2, Box 48C LEONARDTOWN, MD. 20650 2, Box 48C 220-40-2851 MABEL CURRY NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Renal failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a I certify that I PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAI death resulted fr Undetermined manner TITLE (SPECIFY) DATE MDEPUTY ChiefeDICALEXAMINER 1/17/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL 1/20/84 CHARLES MEM. GARDENS | LEONARDTOWN, ST. MARY"S MD. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** MATTINGLEY LEONARDTOWN.MD. (VR A15 ME (5) 20M 4/B2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	- STATE REGISTRAR		DEFARIN		ICATE OF DEATH		. NO.		
	ECEASED NAME FIRST	,	MIDDLE		LAST	20. DATE OF DEATH	Jan.	DAY YEAR	26. HOUR
1 111	MARIA		G	SA	NCHEZ		0.1	19 84	11:53PA
3. 51		4. RACE	1	5. DATE O		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Spanish	1	7-		32	YRS		HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
-	Nicaraqua	173	States	WIDOW		IR. USUAL SCEUP	Georg	resCou	MD
	linton S	(IF NOT IN SUC	n Maryl	ADDRESS)	OR OTHER INSTITUTION Hospital	TYPE OF WORK FOR MO Unemploy	ST OF WORKING	LIFE) INDUSTRY	
13a.	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COU Maryland P.G	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Brandywi	'N		130. STREET ADDRES	s Head Indi	an Road	0613
14. F	ATHER'S NAME	WIDDLE	LAST Company		15. MOTHER'S MAIDEN NA	ME	Ē	Gonza	ist and a
160	Franisco WAS DECEASED EVER IN U.S. AF	RMED FORCES?	Sanchez 166. SOCIAL SECU	RITY NO	Isabell 17. INFORMANT	AD	DRESS	GOIIZE	1162
		VE WAR OR DATES)	None		Rosa Patters	on 87-581	th Str	eet. S.I	C
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W	WHILE NOT WHILE AT WORK 220. I certify that (I) (this bose sow the deceased alive or above, (I) (war day) (did not 22b. SIGNATURE	attended th	119 19	84.6	nd that in (my) (and opinion)	death accurred on the	e date and h	. 19 94	that (I) (aux) last
	22d PHYSICIAM'S NAME (1998) DR. LOUIS KAUF	MAN MD.			22e ADDRESS 10905 FT. WA	SHINGTON F		. WASH.,	MD. 2074
23a.	BURIAL, CREMATION, REMOVAL	236. DATE	1 23€. 1	NAME OF	EMETERY OR CREMATORY	23d LOCATION			

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DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

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Burial

24. FUNERAL DIRECTOR

Lincoln Cemetery

23d. LOCATION CITY OF TOW

.G. Mary

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

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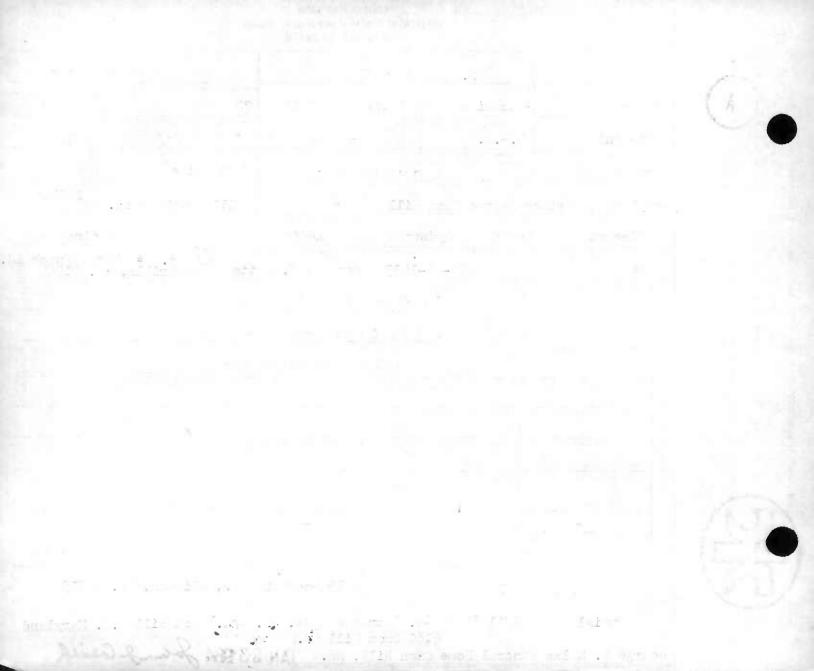
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80	1.	FOR STATE REGISTRAR	DI	CERTIFICATE OF DEATH	REG. NO.	
u m=	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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	3. SE	x F	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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10	1	iverdale	(IF NOT IN SUCH FACILITY, GI	NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST GEWORKING)	12b. KIND OF BUSINESS OR
filled in by	130.	AL RESIDENCE (IF NURSING IS TO A	13c CITY C		13. STREET ADDRESS	stan St.
E, MARYLA completely	/ 14. F	ATHER'S NAME FIRST	MIDDLE L	AST FIRST	MODLE A)	LAST
MOR e exec		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCI	42-2299 ADE SOL	by (Same as	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ally one couse per line for (o) ED BY: TE CAUSE (o)	Tivatory Janure		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
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the hy the Purity of the Direction of the Depth of the De		224 PHYSICIAN'S NAME (2005)	Welser	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAYE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the State		228. PHYSICIAN'S NAME (TYPE	OH EL	-90N 6525 Be	direct Pd Hy	attsville Med
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DHMH - 16 50M 4/82 (VRA 15, 4)	4	a Pane Lanhan	IH. GARD	DDRESS NAPOLICE IN MAN 250. D	ATE REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

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DICAL 4 SHC NERA DEATH		SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	ME 56	720	un + 1	not "	Ri	BLOCK	eush-	SIGNED.	20716
TO ME EXECU PAGE TO TE	230 B	URIAL, CREMATIO	N, REMOVAL	236 DATE	23c. NAME OF	CEMETERY OF	R CREMATORY	23d. LÓCATIC	DN	COUNTY	Y STATE
BP	24 F	Buria UNERAL DIRECTO		1/6/84	Union			Steul	penville,	TRAR'S SIG	Ohio
DHMH - 17 (VR A15 ME (5))		NAME	MOLL	ins funeri 139 hunt 1	AL HOME, IN	IC.	IANZ	0 1984	Jan 2	Carrie	ul i
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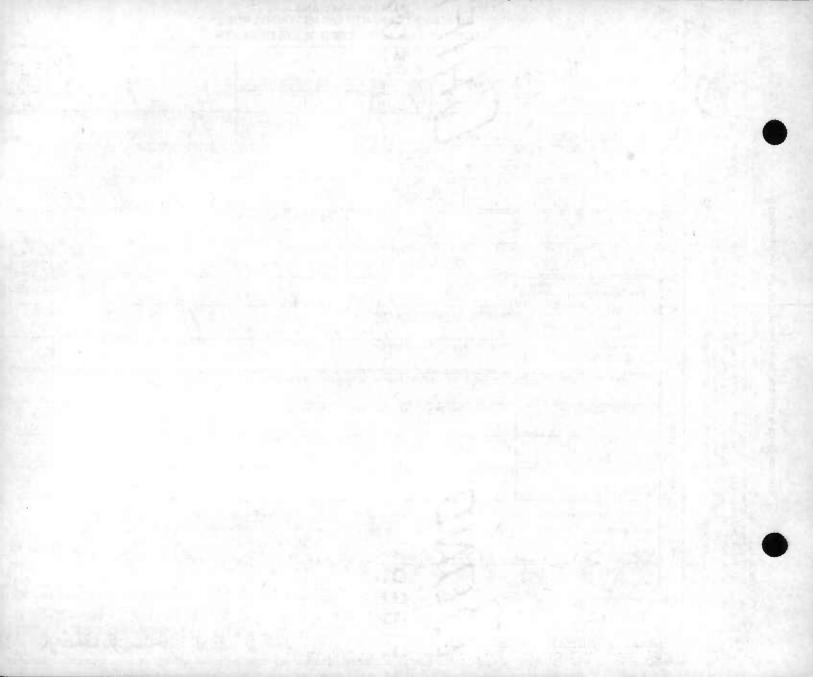
ROLLINS FUNERAL HOME, INC.
4339 HUNT PLACE, N.E.



	1 - STATE			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		8 4	0	2 /	0.8
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oth. Pog erol dire 72 hour	7a. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED		PRINCE GE	R COUNTY C		Y MD.
rs after death. Page 4 may be by the forefall director, page 3 kiled within 72 hours after death natified at ance.	10. CITY OR TO	WN OF DEATH			NG HOME O	ROTHER INSTITUTION	N 12a.	USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND O INDUSTRY	F BUSINESS OR
within 24 hours erely filled in by d 2 should be fild	Md.	NCE (IF NURSING HOME OF 13% COUN	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR 134. CITY OR TOV Capitol LAST		13d. INSIDE CITY LIMI YES NO THER'S MAIDE FIRST] 6	STREET ADDRESS	occo St	207	
IMORE, MARYLAI ne executed within n and completely f . Pages 1 and 2 sha	16a. WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRE	ESS	LAS	
MORE e exect Pages	Unkn.	(IF YES, GIV	VE WAR OR DATES)	579-10-9	652						
d ST., BALTI certificate b ng physiciar banpapers. remand.	18 CAUS	SE OF DEATH (Enter on	nly one couse pe ED BY: TE CAUSE (a)	r line for (a), (b), or	nd (c).)	occus S	epti	eemia.		APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours represented physician and completely filled in by as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carban-papers. Pages 1 and 2 should be filled in by as the burial-transition of removal.	couse underly PART 2.	ons, if ony, which rise to immediate (a), stating the ring cause last.	(b)	OR AS A CONSEQUENCE ON TRIBUTING TO	Jac	NOT RELATED TO THE	E TERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 110	o.
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DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERALD NAME	Anatomy E	Board	ADDRESS	Balt	co., Md.	FEB	8 1984	256. REGISTR	AR'S SIGNAT	ahield

	100	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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A	3. SE	EFI ON 5	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 95	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO
10	7a. B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY OR COU	
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144	H	YETTS UI CLE	CALROIL by	SIOR	HOMEMAKER	
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144		FIRST	MIDDLE LAST	FIRST	ATT DE LE	C 2/ LAST
14-		VALENTING WAS DECEASED EVER IN U.S. A			ADDRESS SIMPSIN, JR, MI	CHEL
medic		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 218-53	-9330 WILLIAM F	SIMPSEN, JR MI	1744 OVER
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TOTAL COLOR SHARE SALES SHARE TOTAL TOTAL THE THE MESSAGE THE STATE OF TH whether the continues The second of the second of the second of the second of the Berief Mr. 1640 Fallward Rockey Frederick R.D. M. TOKEN TOWNSHOULD SET Great M. N.T. D.C.



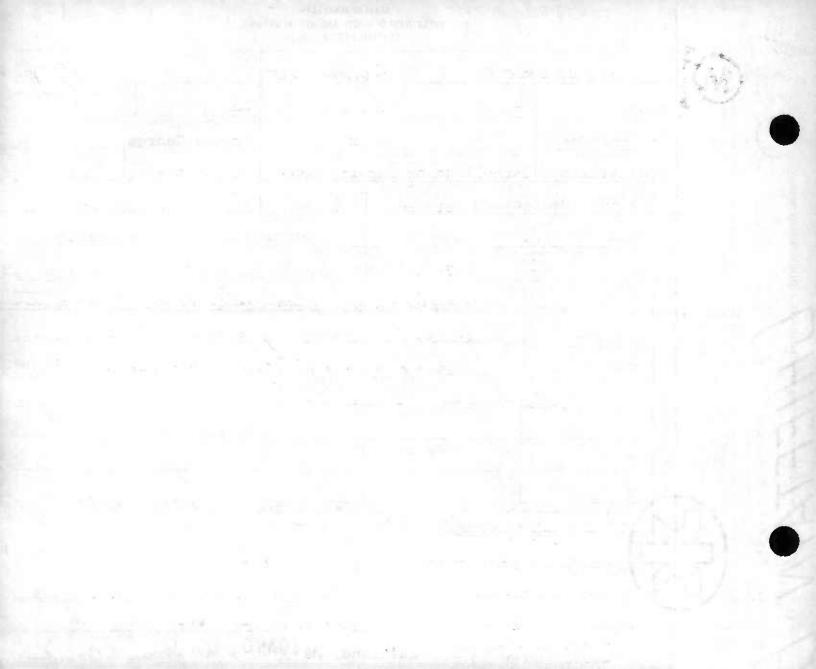
And Add Tolerand

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN AMONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Horry DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Prince George Co. DIVORCED WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Powie Health Center FOR MOST OF WORKING LIFE) Bowie GUARD) PCUK WAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. SIREEI ADDRESS Washington 1736 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Annapolis Co. Md. YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST harry Snoots Sr. UNKROWN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 1908 ARTageville Rd. Joyce Davis 578-22-9415 INW I Edgewater. Md. 18. CAUSE OF DEATH (Enter only one cause part) far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: eles artendo de levote condistancità IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO I 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian EXECUTE SHOULD FAGE 4 SHOULD FAGE 4 SHOULD FAGE 4 SHOULD FAGE TO ATTER THE THE TALL Accident Hamicide ___ Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER ADDRESS - Md. EXAMINER'S NAME Augusto P. Rodriguez, 230 BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION STATE Arlington National 1/26/84 Burial Arlington Va. BP 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS 1 2 Ri ne Ann. Ridgely Hardesty Funeral home (VR A15 ME (5)) 20M 4/82

Harry Flank I areis The street of the said was a second to the and the second of and other series as no miles. The

(VRA 15, 4)

Funeral Home



JIAIL OI MARILLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

- STAT	TE ISTRAR			DEI ARTI		ICATE OF DEATH	REG. NO			
I. DECEASE (TYPE OR PRIN		MCCLU		ILSON		YDER	JANUARY 25,		DAY YEAR	26. HOUR 9:00 P _M
IALE			4. RACE WHITE		S. DATE C	MBER 2, 1894	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
PENNS	SYLVANIA	A	UNITED	0111110	MARRIE WIDOWE		PRINCE GEOR	GE'S	COUNTY	MD
ANDRE	WS AFB		MALCOLM	GROW US	AF MEI	DICAL CENTER	Ret. Milit	working LIF	MILI	PAUSINESS OR
MARYI	LAND	PRINC	ITY	GIVE RESIDENCE BEFORE 13(. CITY OR TOWN LANDON	N	13d INSIDE CITY LIMITS?	6714 WEST	_	Code - ST ROAL	20785 201
	nknown		MIDDLE	Snyder		15. MOTHER'S MAIDEN NA FIRST	Unknown		LAS	†
YES NO	ECEASED EVER OR UNKNOWN)	1917-	1961	467-10-1	1650	Viola M. Snyo	6714 Wes			
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	ditions, if any		DUE TO, OF	R AS A CONSEQUE	NCE OF	LUNG CANCER	ANCER			
unde	e (a), statir erlying cause	last.	(c)	R AS A CONSEQUE						
						NOT RELATED TO THE TERM				
CERTIFICATION 19a D. 21a. A	ATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOTE:	IN CERTIF	, WERE FINDIN YING CAUSES S	
	ONTRIBUTING		TH 216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)	

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

COUNTY

saw the deceased alive an JAN 25 abave. (I) (we) (did) (did not) view the bady after death

220. I certify that (I) (this haspital) attended the deceased from DEC saw the deceased alive an JAN 25

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22L DATE SKINE

22d. PHYSICIAN'S NAME (TYPE PRINT)

NOT WHILE

21d. INJURY OCCURRED

STEWART HOFFMAN , M.D. 230 BURIAL, CREMATION, REMOVAL

Hyattsville, Maryland 20781

22e ADDRESS

MALCOLM GROW USAF MED CEN AAFB, MD20331 23c. NAME OF CEMETERY OR CREMATORY

23b. DATE 1/30/84 Burial Arlington National Cem Trancis Gasch's Sons Funeral

Home, P.A.

"Ft Myer Arlington

DHMH - 16 50M 1/81 (VRA 15, 4)

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STOR MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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16		FOR STATE		HEALTH AND MENTAL	49	6. 1 1
		REGISTRAR	MEDICAL EXAMIN	NER'S CERTIFICATE O	OF DEATH REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	THE RESERVE	MONTH DAY YEAR 76. HOUR
3 5 5 5 5 F.	(110	Anna Mae		Stevenson	OF ESTI- DEATH MATED	1 13 19 84
TREE CTO	3. SEX		5 DATE OF BIRTH 6. AGE (IN Y	EARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
SY, P	Fe	male Caucasian		MOITING DATE HOURS	MIN. PRONOUNCED DEAD	1 13 19 84 7:05
SSAB PALI TIN	70 BI	RTHPLACE ISTATE OR	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9 BALTIMORE CITY OR	
NE SE		REIGN COUNTRY) New Jersey	U.S.A.	WIDOWED DIVOR		roe's ME
IS N EFU ED, 1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOW	E, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE O	FWORK 1126. KIND OF BUSINESS
A L A L S L S / / /	Br	andywine	7804 Knollwood St		FOR MOST OF WORKING LIFE)	OR INDUSTRY
TAN DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. IT AIN PAGE 5 FOR YOUR FILES. DILLIPSE FILED, WITHIN 72 HOURS CORROR, 201 WIRESTON STREET,	USUA	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	SION)	Restaurateur	Food
TO TO AZER LUX	13a. S Man	ryland Prince G		13d. INSIDE (ITY LIMITS?	13e. STREET ADDRESS	(00(10)
一 上海影響者		THER'S NAME	seorge's prandywine	15. MOTHER'S MAID	1700111111100	Street (70613)
# # S = 5		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
A A S A A A		VAS DECEASED EVER IN U.S. AR	Godwin MED FORCES? 166. SOCIAL SECURI		LA ADDRESS	Godwin
BALTIMORE, MD. S. AFTER DEATH TO GIVE PAGES 28 TH TO PAGES 28 TH TO PAGES 28 TH TO PAGES 29 TH TO PAGES 29 TH TO PAGES 20 TH TO PA	Į Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			
		No N/A		895 Eugene D	Davis - Same As #	13 A-E.
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W IAL - FRANSIT PERMIT. O MENTAL HYGIENE, DN, OR REMOVAL.		 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED 	ly one cause per line for (a), (b), and (c).) D BY:	ive cardiovascu	lar disease	BETWEEN ONSET AND DEATH
ON TENH		1400 O IMMEDIA	IE CAUSE (a)		Tal ulsease	
HYC HYC		Conditions, it ony, which	DUE TO, OR AS A CONSEQUENCE	OF		
WITH NET TAL		gave rise to immediate	(b)			
ED V		couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
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DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PI RED TO THE CHIEF MEDICAL EN- ES SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MEI OI PRIOR TO BURIAL, CREMATION, O	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 / 0	
RECO ILD BE I PENDI PENDI O AS A HEALTH	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	DATIONING SERVICES		
AL JEEP HEE	-S	THE DATE OF OPERATION	178. CONDITION FOR WHICH OFE	KATION WAS PERFORMED?		20. AUTOPSY?
N SE CAR	RTI	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY	In How have a course	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	YES NO A
A SHE SHE	LCE	UNDERLYING OR	HOUR A.M. MONTH DAY YEA		ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
ION HOUSE	ICA	CONTRIBUTING CAUSE OF I		NV LOCATION		
CER TINE TINE TINE TINE TINE TINE TINE TINE	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WR WR	_	AT WORK AT WORK				
MINER: THIS CERTIFICATE SHOULD BIFICATE, WRITING THE WORD "PENIE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS HTHE STATE DEPARTMENT OF HEAL (LAND, 21201 PRIOR TO BURIAL, CR		22a I certify that I taak charg	ge of the remains described above, held an	Autopsy , Inspectio	on , Inquiry , and i	in my opinian
NA CHANGE TO THE		death resulted from: Natur	rol causes X. Acadent . S	vicide . Homicide .	Undetermined monner .	
WITIN B		1	1100	TITLE (SPECIFY)		
AN HE WAS A STANKE OF THE STAN	-	SIGNATURE BURN	to fortidique	M.D. Deputy	MEDICAL EXAMINER	DATE 1/13/1984 SIGNED 1/13/1984
SEA SEA			1 11			SIGNED
PE SECULIA		EXAMINER'S NAME LUBUS	to P. Rodrighez M.	D. ADDRESS 5009	Rayburn Ct., Tem	ple Hills, Md.
TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P	23o.B	JRIAL, CREMATION, REMOVAL 2	36. DATE 23c NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP			uary 17, 1984 Atla	ntic City Cemet	ery Atlantic Ci	
DHMH - 17	24. FI		uneral Home, Inc.	250. DATE	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
	3 0		erry Road, Clinton,	Maryland JAN .	1 8 1984 John	of country
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STATE OF MARYLAND

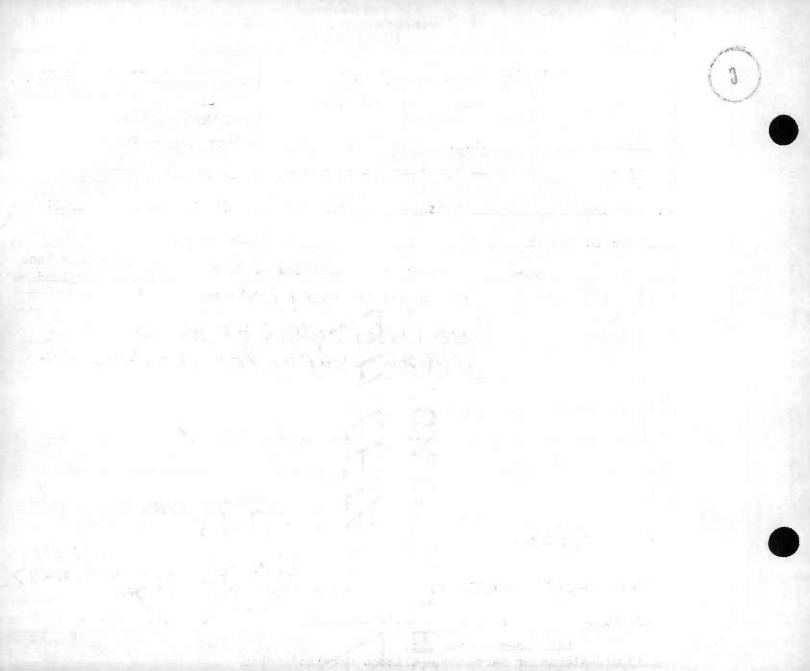
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG" NO LAST 2g. DATE OF DEATH 1. DECEASED NAME 26 HOUR LTYPE OR PRINTS Katherine Stewart 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MP24/24/00 YEAR 83 ONTHS DAYS White Female 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Prince Georges County WIDOWEDXX Alabama 126 KIND OF BUSINESS OR IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Southern Maryland Hospital Center Clinton Homemaker None USUAL RESIDENCE (# NURS -- HO -- LR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE DOUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES TO 51岁 D NO [East-Bay Carolina Charlesten 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Alice Reese Edmund A. Felder IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 9405 Pine View Lane IYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Carolina W. Stewart 249-28-3989 None No Clinton, Maryland 18. CAUSE OF DEATH (Enter only one couse a BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Caudia CHF ASCUD Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 01104184 22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased of the view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ANSARI 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Lee's Crematory Clinton P.G. Maryland Cremation 1/18/84

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Lee Funeral Home ADJanc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

6633 Old Alexander Ferry Road Clinton Maryland

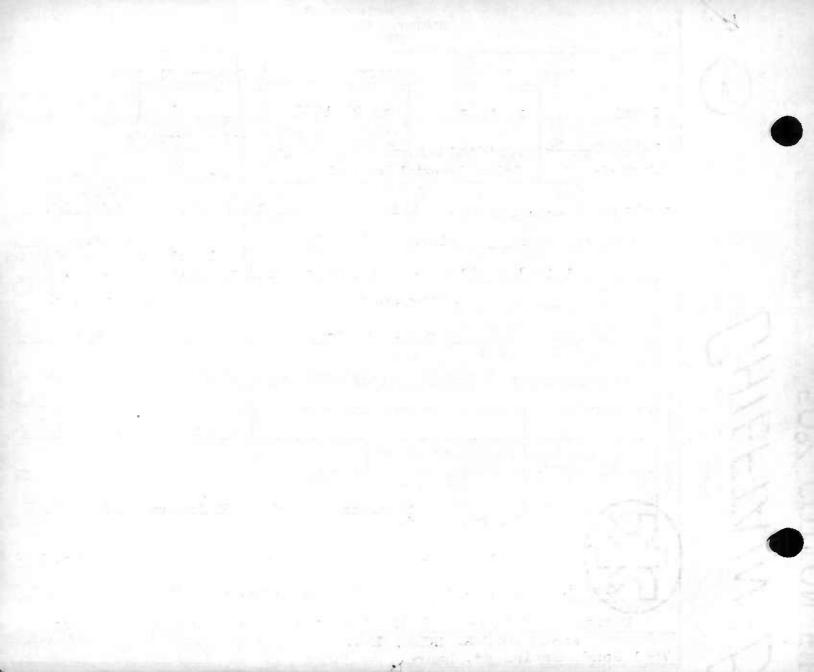


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) BRYAN SWICEGOOD , IV DEATH MATED Jan. EART. 4 RACE 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1/R. IF UNDER 24 HRS 2c. DATE LAST BIPTHDAY) PRONOUNCED January 26 White Male Aug. 19, 1965 18 YRS TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Marvland U.S.A. Prince Georges WIDOWED [DIVORCED 120 USUAL OCCUPATION (TYPE OF WON 125 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Student OR INDUSTRY School 3407 Webster Street Brentwood 20722 SUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prince Geo. 13d INSIDE CITY LIMITS? 3407 Webster Street 20722 Maryland YES NO [] Brentwood 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hryzaniuk Christine Earl Swicegood Bryan 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDR3407 Webster Street 219 76 5334 Christine Swicegood Brentwood, Md. 2072 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK Yo me EXECUTE THE CERTIFICALE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFIER DEATH, WITH THE SI.
BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Accident Undetermined manner Natural causes Hamicide TITLE (SPECIFY) MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 1/30/84 Rock Creek Cemetery Washington D.C. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** Hyattsville, Maryland 20781 (VR A15 ME (5)) 15M 2/80

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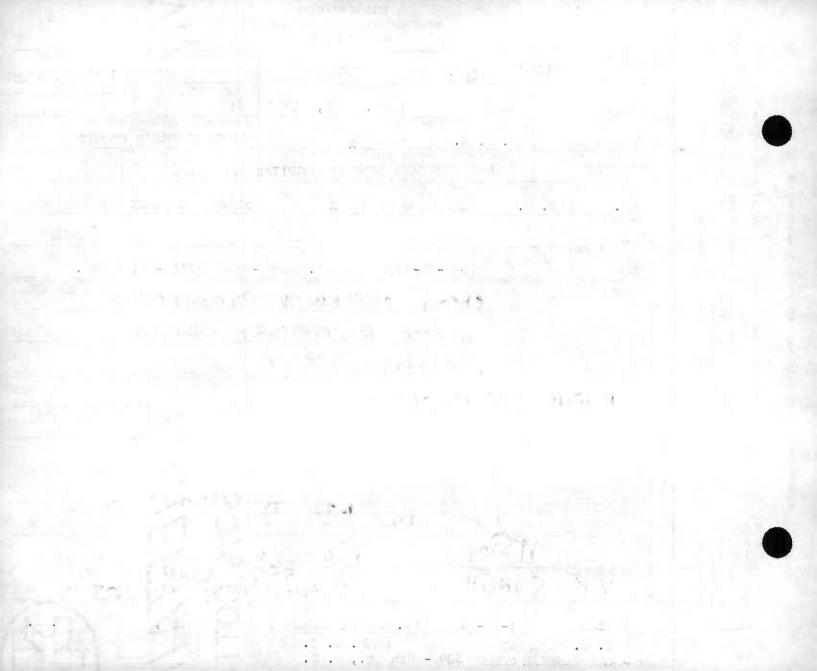
524: - 8th St., N. E.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

(VRA 15, 4)

SPANGLER FUNERAL HOME



,		FOR			DEPARTMEN		MARYLAND H AND MENT	TAL HYGIEN	E 4	0	2	12	5
/		STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICA	TE OF DE	ATH	REG. NO.			
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SPORT ,	3. SEX		4. RACE	5 DATE OF BIRTH	6 AC	E (IN YEARS IF L	INDER 1 YR. IF U	INDER 24 HRS.	2c. DATE		IONTH D	DAY YEAR	2d HOUR
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18	11	rews Ai	r Force	II. NAME OF HO (IF NOT IN SUCH F. Malcolm	SPITAL, NURSING ACILITY, GIVE STREET AL Grow USA	HOME, OR O' ODRESS) F Medic	HER INSTITUTION	er Ope	UAL OCCUPAT MOSTOF WORKING PATING	ion (TYPE OF) Engine	work 12b.	OR INDUSTRED.	SINESS RY V t.
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7	-	EXAMINER'S (TYPE OR PRI	NAME Lugus	sto P. Ro	driguez	M.D.	ADDRESS 5009	Raybu	rn Ct.,	Templ	e Hil	lls, M	d.
-	23o.8	JRIAL, CREMA	ION, REMOVAL 23	Bb DATE	23t. NAME	OF CEMETERY	OR CREMATORY		OCATION				
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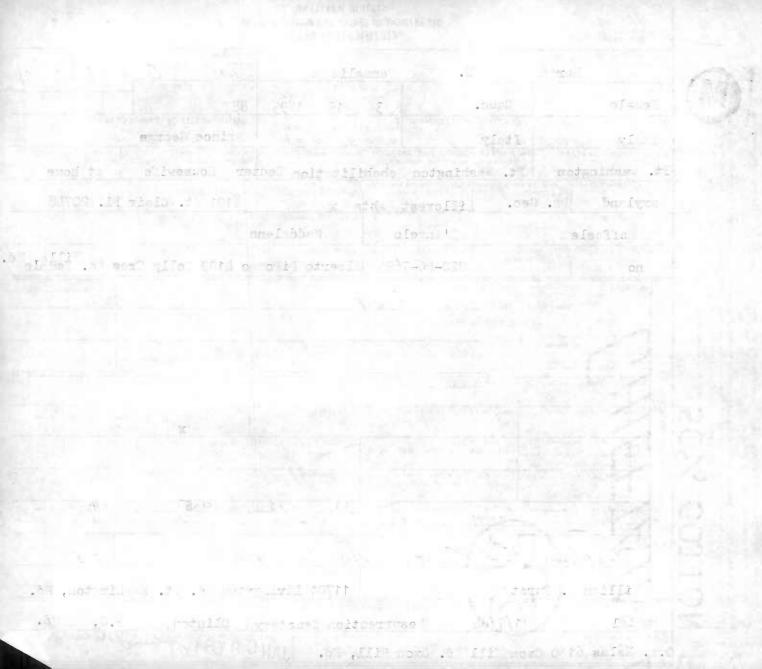
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4	0 CITY O	R TOWN OF DEATH	11. NAME OF HOSPITAL, NUR JIF NOT IN SUCH FACILITY, GIVE ST		RINSTITUTION	12a USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
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1	JSUAL RE 30 STATE	13b COUN		OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
1	Mary		Co. Hyat	t a ville	YES NO	5902 31st Av	re. (20782)
1	V 1	R'S NAME FIRST		AST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
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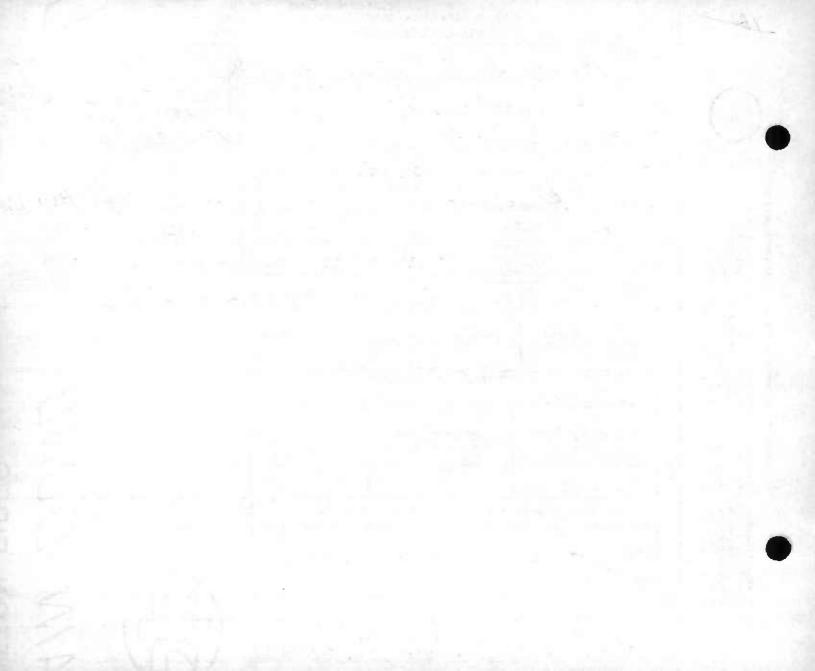
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4. FATHER'S NAME FIRST Thomas Henry Thompson Carey Belle Bartly 15. MOTHER'S MAIDEN NAME FIRST HENDE THOMAS FIRST HENDE THOMAS HENRY THOMPSON Carey Belle Bartly 16. EVAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNNOWN) (F. YES, CORE WAS OF DATES) 16. EVAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNNOWN) (F. YES, CORE WAS OF DATES) 16. EVALUATE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stofing the under- lying couse lost. (c) PART 2 DITHER SIGNIBICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (o)) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF THE CONTRIBUTION OF THE TERMINAL DISEASE DR (DIDNITION OF THE TERMINAL DISEASE DR (DIDN	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	48
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220 Certify that took charge of the remains described above, held on Autapsy . Inspection 🞾 Inquiry . and in my opinion	,,,,,	
220 Certify that I took charge of the remains described above, held on Autapsy . Inspection Inquiry . and in my opinion death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner .		
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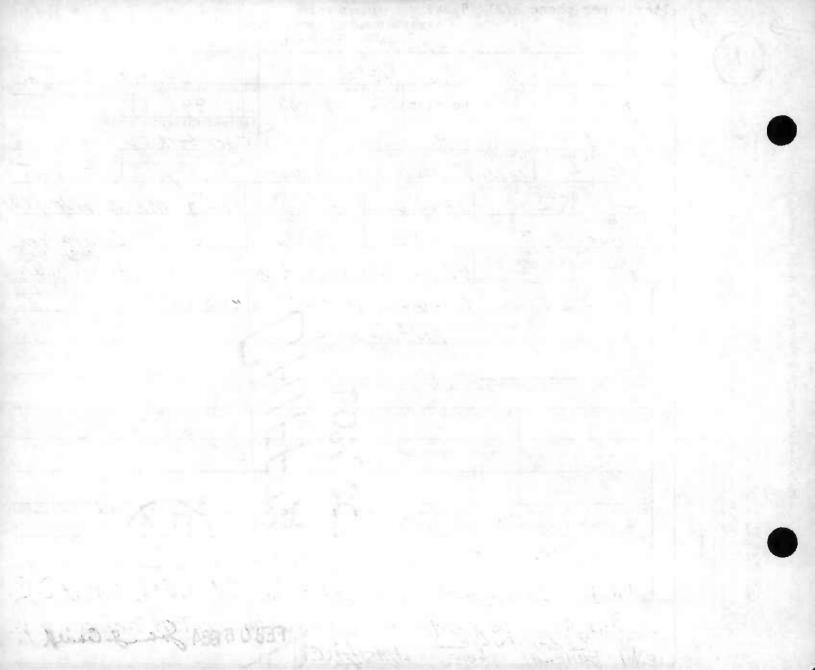
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(A.)		CEASED NAME FIRST	MIDDLE	Talle	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	3. SE	CAther	KINE H.	5. DATE OF BIRTH	6, AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
ector,		F	Caucasian	MONTH DAY YEAR,	89 YR	
A Paris of Paris P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF COUNTY	1 1
officed o	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ARE OF MANY	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF TUSINESS OR
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ithin 2.	14. F/	ATHER'S NAME	- WH3H.	IS. MOTHER'S MAIDEN		433. AVE. NIW.
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ATTENDINI Spirital or of CTOR: Afti		22a. I certify that (I) (this hasp	n JAN 15 19	ond that in (my) (our) opin	ion death occurred on the date and	7. 19 84, that (I) (we) lost hour and from the causes stated
the hor the hor the hor the hor the hor the Depti		22b. SIGNATURE	ot) view the body ofter death	DEGREE ATTENDIN		22c. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) HEDDARD /	n.D 1919	L' ST. NW.	WASH.D.C.
GGGGG		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 236. DATE 236. FEB-1, 1984 5	NAME OF CEMETERY OR CREMATO	CAM SACA COA	SPRINGS . N. V.
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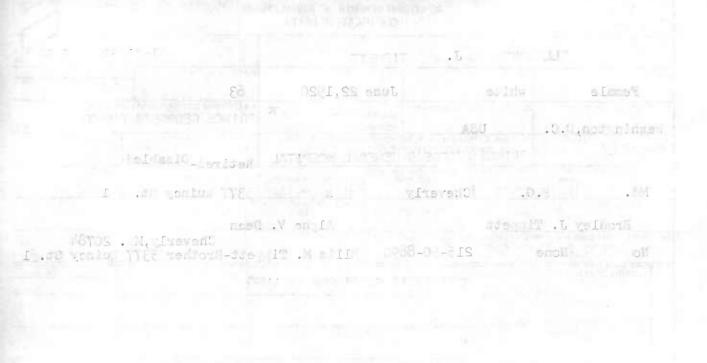
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH 2b. HOUR 1. DECEASED NAME TYPE OR PRINTI 01-21-84 ELLSWORTH 3:50AM J. TIPPETT 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS. June 22.1920 Female white BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY DIVORCED [Washington.D.C WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION CHEVERLY TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY GEORGE'S GENERAL HOSPITAL Retired Disabled USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. 5377 Quincy St P.G. Cheverly NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST LAST Alpha V. Dean Bradley J. Tippett Chêverly, Md. 20784 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT None WAR OR DATES) 216-50-8890 Tippett-Brother 5377 Quincy St. APPROXIMATE INTERVAL PART I. DE ATH WAS CAUSED BY:

METASTATIC CARCINOMA OF LUNG IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 216. LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN 22d PHYSICIAN'S NA 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d LOCATION STATE Cremation 1-23-84 Lee's Crematory Washington, D.C. 20002 24 FUNERAL DIRECTOR Lee Funeral Home 300-4th ST. N.E. Wash.D.C. 20002



Transiton 1-23-04 Les's Granton ashin ton, J. J. 2002

The Funeral Home 300-401 St. 1. b. 1881. N.C. 20002- 5 0 5 884 / July Const.

(VRA 15, 4)

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3. 5	SEX 4. RA	CE	5. DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER TYR. IF UNDE	R 24 HRS. 2c. DAT		MONTH DA	AY YEAR	7 148
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	HYATTSVILLE			est Park I			PROOFR			INTING	
	ual residence (# in) . STATE Maryland	PRON	CE	13c. CITY OR TOW HYATTSVI	MISSION) LLE	13d. INSIDE CITY LIMITS?	130. STREET ADDI	est Par	rk Drive	83	
14.	FATHER'S NAME	OLUK	MIDDLE	TAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
1	MARK			SANDERS		ROSE			SAI	NDERS	
	, WAS DECEASED EVE (YES, NO. OR UNKNOWN) VO	R IN U.S. AR	MED FORCES? WAR OR DATES}	062-07-9		17. INFORMANT MARIAN	ROSE TRI	- (/N)	702 WEST		DRIV
Г	18. CAUSE OF DEA	ATH (Enter an	ly one cause per lin	e for (a), (b), ond (c).)		*************************************			APPROXIMATE	INTERVAL
	PARTIDEATH	WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)A	cute myoca	ardial	disease.				ETWEET ONSE	A SO DEATH
1	14291			R AS A CONSEQUEN		The state of the s					- 160
	Conditions, if		(b)								
	couse (a) stati	ng the under-	<	R AS A CONSEQUEN	ICE OF						
	lying coose ios	<u></u>	(c)								
		ANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE	TERMINAL DISE	LSE OR CONDITION GIVEN IN I	ART 1 (a).				
3			No:								
Septimoration	190. DATE OF OPE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								AUTOPSY?	
1	None									YES 🗌	NO 🗷
		7	21b. TIME C HOUR A./		YEAR 21c. I	HOW INJURY OCCURE	RED LENTER NATURE OF	NJURY IN ITEM 18	B PART 1 OR PART 2)		
3	CONTRIBUTING	CAUSE OF				None					
1	CONTRIBUTING CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING CONTRIBUTING C	RRED		OF INJURY (AT HON	NE. 21f L	OCATION STREET	CITY OR 1	OWN	COUNTY		STATE
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1	220 I certify the	t I toak chara	ge of the remains de	scribed abave, held	an Auto	psy , Inspecti	an Inquir	v X a	ind in my apiniar	0	
	death resulted fro		ral causes 💢 ,	Accident ,	Suicide		Undetermined		, , , , , , , , , , , , , , , , , , , ,		
		7-				TITLE (SPECIFY)					
	ACTUAL SIGNATURE	6-E	20	(Deen	-	M.D. Deputy	MEDICAL FYA	MINER	DATE SIGNED	1/17/	84
	- 19		2 2 2 1	10	/	1919	Seminary	Road	JIJINED		
	(TYPE OR PRINT)	E John	n S. Roge	rs, M.D.		ADDRESS Silve	er Spring	, Mont	gomery,	Md.	
	BURIAL, CREMATION	REMOVAL	73b DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION		CALLEY		ATE
	BÜRTAL		1/20/1984	KING D	AVID M	EMORIAL GA	RDEN FAL	LS CHUI	RCH. VII	RGINIA	
24	PONE LID IR METORS	STEIN H	HEBREW ME	MORIAL FUI	VERAL	HOME 250 PATE	REC'D BY RECUSIF	AR VA REG	ISTRANG SIZE	ATURE	
	232 CARROLI	. STREE	ET, N. W.	, WASHING	TON, D	. C. JA	N 67 804	0	~	- N	

MAN SARRA John J. Coming

DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWNY DAY CTYPE OR PRINTS S. Truett DEATH MATED Clara /8/84 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE PRONOUNCED PM Female White Aug. 10, 1909 74 DEAD 1/8/84 Th CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED X DIVORCED Prince George's County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hospital Nurse Doctor's Hospital Lanham USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13a STATE 13b. COUNTY 13e. STREET ADDRESS P.G. Lanham Greenbelt Road 20706 Maryland YES X NO [] 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Stravhorn Clara Robert Maynard 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 8906 2nd. St. I 68. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Virginia A. Morris Lanham, Md. 217-14-7800 No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke and soot inhalation & acute carbon monoxide intoxica-DUE TO, OR AS A CONSEQUENCE OF tion Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) DEPARTMENT OF HE PRIOR TO BURIAL, O 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES K NO [] 218. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL 4:30RM 1/8/84 subject in housefire CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED ET. FACTORY, FARM, ETC.) STATE AT WORK 8719 Greenbelt Rd., Greenbelt, Md. house TO MEDICAL EXAMINER: BECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR; PATER DEATH WITH THE SI BALTIMORE. MARRIANDAND. Autopsy X Undetermined manner TITLE (SPECIFY) DATE 1/9/84 M Deputy Chiefredical ExaminER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Thomas D. Smith, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY Cremation Jan. 11, 1984 Ft. Lincoln Crematory Brentwood P.G. Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** F. Gasch's Sons F.H. P. A. Hyattsville, Maryland (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND

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6/). CIT	YORTOWN	OF DEATH	11, NAA	ME OF HOSPI OT IN SUCH FACIL	TAL, NURSI	NG HOME,			ION	12a USU FOR A		PATION (1 RKING LIFE)			F BUSIN	
2.W	SUAI a ST	RESIDENCE ATE	1 13b. COUNT Geo	Pri	nce	RESIDENCE BEF 13c. CITY OF Hvat	R TOWN	1	3d. INSIDE (I	TY LIMITS?	13e. STRE	ET ADDRE	ESS	_P1;	ace/20		
169	(THER'S NAME The ste	er War	ner	Т	ufts	r		Mai	R'S MAIDEN	NAME	N	beth		Jamiso	n	
VISION	(YE	S, NO, OR UNKNO	D EVER IN U.S. ARA OWN) (IF YES, GIVE V	VAR OR DA	TES)	577-			7. INFORM		. T	ufts	84°C Scc	8 E.	Diann dale,A	a) riz	ona
USED AS A BURIAL TRANSIT PERMIT. PAGE OF HEALTH AND MENTAL HYGIENE, DIVISIO RIAL, CREMATION, OR REMOVAL.		Canditia gave ri cause (a lying cau	IMMEDIAT Ins., it any, which se to immediate stating the under- use last. IGNIFICANT CONDITIONS (E CAUSI	(b)UE TO, OR A	S A CONSE	QUENCE O	F	DR CONDITION	I GIVEN IN PART	1 (a).				BETWEEN		
RIAL, CRE	CERTIFICATION	19a. DATE OF	OPERATION	1	96 CONDITIO	ON FOR WH	IICH OPERA	TION WA	S PERFORA	MED?		_			20 AUTC	PSY?	10 []
AENT SERVICE OF SERVIC		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		1b. TIME OF I HOUR A.M. P.M.		AY YEAR	21c HO	W INJURY	OCCURRED	(ENTER N	IATURE OF IN	JURY IN ITEM	18 PART 1 OR		WX I	,
	MEDICAL	WHILE AT WORK	NOT WHILE C]	THE PLACE OF STREET, FACTO		AT HOME,	21f LOC				CITY OR TO	WN	(COUNTY		STATE
DRE, MARYLAND, 3		220 certi death result ACTUAL SIGNATURE	fy that I took charge ed Aram: Noture	e of the i		ibed abave, Accident E		Autapsy	Homic TITLE (SI			Inquiry	onner	and in my], DAT SIG		-6-84	4
AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	Ro BU	EXAMINER'S (TYPE OR PRI RIAL, CREMA	TION REMOVAL 2	rgar	ita A.		LL,M.		DDRESS	111 P		Stre	et ———		1	•	
4		remat	ion	()	1984	Met	ropo Fun	lita eral	n Cr	em.	A1		dria		rgini S SIGNATURE	a state	
		mes,	P.A. Be	the	sda.	Mary]	and	2081	4	UAN	7 7	. 1304	0	Jun	010000	7	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N	40.		
		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1		HNNA			lusco	ano		01/	22/84	1:15 PM
3.	SEX		4. RACE	that sale	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female	wh:	+=	MONT	130 /03	. 81	YRS.	MONIAS DATS	HOURS MIN.
70.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
4		New Jersen	U.S.	A	WIDOW	/	Princ	e Ge	01951	MD.
ş 10.	_	TY OR TOWN OF DEATH			NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	126. KIND C	OF BUSINESS OR
1	1	Idelphi	AH 2	HEACILITY, GIVE STREET	NOV (Aire	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	
Us	SUA	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)				Zio	20784
13	a. 5	TATE Md. Prince	T (TEOVERS	New Care	rolton	YES NO NO	7600 Foun		1	ive
, 14.	FA	THER'S NAME			HOLION	15. MOTHER'S MAIDEN NAM	ΛE	· ICHI	DICK ST	100
	T	eter	MIDDLE	LAST		FIRST	MIDDLE		SA	nous
160	N W	AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMANT	ADDE	RESS	ON	_
	(7	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		0001	James 6. Kohl	ISA 1542 P	from (N Alex	100 223/1
	111	Known -	70	1/		-04 11 5 2 G - 11 01 11	06 60 40 M	FIDE		CIMATE INTERVAL ONSET AND DEATH
		18. CAUSE OF DEATH (Enter a PART I, DEATH WAS CAUSI	ED BY:	line for (o), (b), on	nd (c).	.c	6.1	10	1.0	
		222	TE CAUSE (o)	1st-a	105-	espir arong	14,101	7	1011	nuted
		3320	DUE TO, OI	R AS A CONSEQU	ENCE OF	1. 6 11	00.10		man	- beach
T.	П	Conditions, if any, which gave rise to immediate	(b)	ark	nJ	on J Da	ter st		7,0,1	7 7 461 0
		cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQU	ENCE OF					
			((c)							
1 2		PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COM	NDITION G	IVEN IN PART 1	a'
CEPTIEICATION	2	190 DATE OF OPERATION	Lini conini	USUN SOR WILLIAM	LOBERATIO	ON WAS PERFORMED	In AUTORSY2	201 IEV	EC WERE FIND	100 4050
2		4.1	196. CONDI	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	20a AUTOPSY?		ES, WERE FIND! TIFYING CAUSES	
		17				In the state of th	YES NO		YES	NO 🗌
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	110110	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18	B PART 1 OR PART 2)	
3		(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19		A THE STATE OF THE STATE OF			
MEDICAL		21d. INJURY OCCURRED	21¢. PLACE (OF INJURY	FARM. ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
1		AT WORK NOT WHILE				1	/			
		22a.l certify that (1) (this hosp	4 -			0/16 , 1951	, to	22	19	that (I) (we) last
1		sow the deceased alive or abave, (I) (we) (did) (did no	at) view the hady	after depth	12.0	nd that in (my) (aur) apinion d	death accurred on the	date and ha	our and from the	couses stated
		22b. SIGNATURE	1	1 1	()	DEGREE			22c. DATE	SIGNED
		Men Us	Delo	re in		ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN []	1-2	2-84
		224 PHYSICIAN'S NAME ATTOR	OR PRINT)	. ^		22e ADDRESS				21761
		PAUL AL) F VOX	OF MI)		4762 QUEL	IS DILDLE R	2) Hg	VATITU	VE MY
23	a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1111		47
1	7	EPECIFY)	25 JA	and the same	t. Jim	cola Charters	Promtake	0	COUNTY	STATE
24	FU	INERAL DIRECTOR	0.0 - 00		1	anhan 250. DATE	1	_	STRAR'S SIGNAT	TURE"
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MARLETT SELLING

20M 4/82

STATE OF MARYLAND

FOR - STATE REGISTRAR

Mollie Mollie

PG

(IF YES, GIVE WAR OR DATES

IMMEDIATE CAUSE (a)

B. Tyson 1 11 84 9:15 ARACE White Oct. 30,1892 78. CITIZEN OF WHAT COUNTRY? 18. MARRIED NEVER MARRIED		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYP ICATE OF DEATH	GIENE G	REG. NO.	0	2 /	4 1
A RACE White Oct. 30, 1892 91 YRS FUNDER YEAR WONTHS Oxt. 30, 1892 91 YRS FUNDER YEAR FUNDER FUNDER YEAR FUNDER FUNDER FUNDER YEAR FUNDER FU		MIDDLE	L	AST	26. DATE OF	DEATH M	ONTH DA	Y YEAR	2b. HOUR
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White Oct. 30,1892 91 78. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED NEVER MARRIED Prince Georges County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (PYPE OF WORK FOR MOST OF WOST	4. RACE				6. AGE (IN YE	ARS LAST BIRTH		UNDER) YEAR	IF UNDER 24 HRS
28. CITIZEN OF WHAT COUNTRY?	White	2			91			INTHS DAYS	HOURS MIN.
USA WIDOWED DIVORCED PTINCE Georges County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT BUSINES) 126. USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUSTRY 126. USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUSTRY 126. CHYO TOWN Housewife Working Life) INDUSTRY 127. CHYO TOWN WE RESIDENCE BEFORE ADMISSION) INDUSTRY 128. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 129. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 129. STREET ADDRESS WIDDLE LAST 134. STREET ADDRESS WIDDLE LAST 136. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 140. SATA ADDRESS 140. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 140. SATA ADDRESS 140. SATE CONVENTION 150. BY: THE CAUSE (0) CONVENTION 150. SA CONSEQUENCE OF CONVENTION 150. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 150. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES N	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMO	RE CITY OR		FDEATH	
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MED FORCES? INDORE Hall Sara MIDDLE Haley MED FORCES? IS SOCIAL SECURITY NO. 17. INFORMANT Carrie Crowell Same as #13 APPROXIMATE INTERV BETWEEN OWSET AND E DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. AUTOPSY? TEST MIDDLE 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. TIME OF INJURY 21C. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 10: PART 1: OR PART 2)		GIVE RESIDENCE BEFORE	ADMISSION)	138. INSIDE CITY LIMITS?			r Ave	enue	20743
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None Carrie Crowell Same as #13 APPROXIMATE INTERMED BY: If CAUSE (a) DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:(a) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 198. TIME OF INJURY 198. TIME OF INJ		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S		
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HOUR AM MONTH DAY YEAR	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		-	IN CERTIFY		S OF DEATH?
P.M. 19	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCUI	RED (ENTER NAT	TURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2}	
218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY ST.			ARM, ETC]			CITY OR TOW	N	COUNTY	STATE
ital) attended the deceased from 19 4 , and that in (my) (aur) opinion death occurred on the date and haur and from the causes state that the body after death.	1 -	10 19 8	4 , or	nd that in (my) (aur) apinian	, to	d an the dat	e and haur	84 and from the	that (I) (we) last causes stated
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1. 12-8		AS		ATTENDING 1	MEDICAL DIRECTOR			22c. DATE	2-84
ANSARI Pr. Nash. Ad 20744	OR PRINT)	NSARi	14	FT-Nash	05 F	T-51	DASH	7-82	d. #500

1-14-84 Burial 24 FUNERAL RESTERT E. Wilhelm Funeral Home

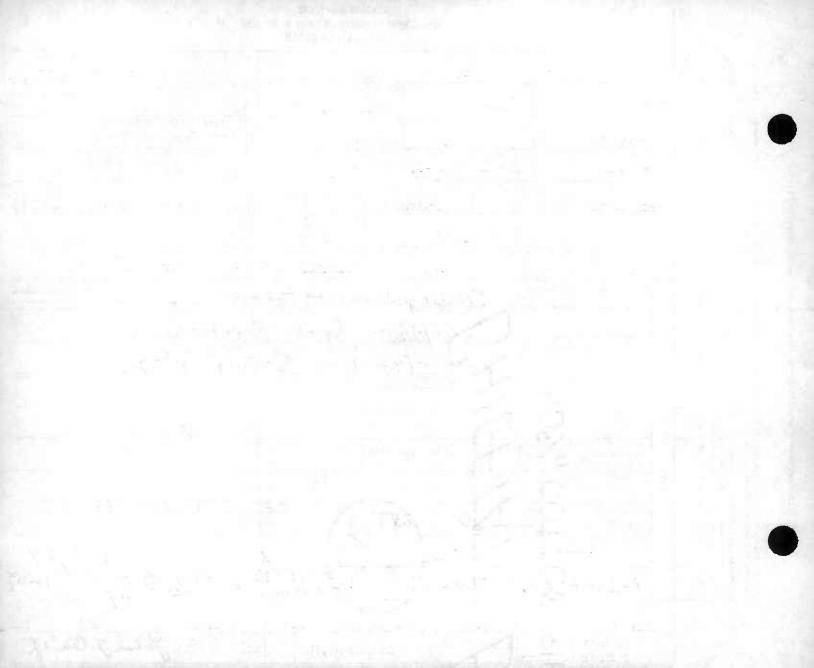
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COUNTY PG

DHMH - 16 50M 4/B2 (VRA 15, 4)



Rischellville VXIII Ross Augelag Home | Lectains | Imports and Sandida Janutria Barol Liber 2000 (2000) Dell'Estropa (2000) Dell'Estropa (2000) Della Jorda Barol Liber 201 (2010) Della H. B. Lander Mr. H. L. Light Collans Work Fine No. 19 and colle, the Collans ura l de la Lacia de la Calada serial interest to do not the contract of the

Capitol Funeral Service, Falls Church, Va. JAN

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

126 KIND OF BUSINESS OR

Parker

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Carpentry

11:05PM

IF UNDER 24 HRS

84

IF UNDER 1 YEAR

INDUSTRY

YES [

250. DATE REC'D. BY REGISTRAR 24 JEG ISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

property of Contract Market Marghard . . . Document there is well a Jan. 3, 12 A Adlan Secretar Grace Dillar Do., Saud Virella Santeer In acre spring, Bull Sancer, To. A. W. O. C. S. Jeter S. Charing

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Frank Vanenglen 1984 January 3. 6:55p 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX Dec. 27, 1889 PAR Male Cauc. To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T Holland U.S.A. DIVORCED WIDOWED Prince George's 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Riverdale Waiter Retired Leland Memorial USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 7411 Adelphi Rd. 20783 Hvattsville YES X Prince Geo Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME 61057 MIDDLE LAST MIDDLE Unk. Unk. Hyattsville. 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Brother Colombo 7411 Adelphi Rd.Md. 20783 286-09-4695 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOA YES [NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from , and that in (my) (aur) apinion death occurred on the date and hour and Iram the causes stated sow the deceased alive on. abave_(1) (we) (did) (and not) view the bady after death 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 274 PHYSICIAN'S NAME THE OCHORIS 22e. ADDRESS should be T. Suryanaryana, M.D. 6492 Landover Rd., Landover, Md. 20785 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Georgetown Med.School 1/5/1984 Removal Washington, D.C. Columbia Mortuary Services, Inc. 2100 ME LECO 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 225 Missouri Ave. NW Washington, D.C. 20011 (VRA 15, 4)

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F. Casch s Sons F.H. P.A. Hyattsville, Maryland

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

12b. KIND OF BUSINESS OR

Own Home

Seltmann

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

Arlington

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Jan.16,1984

INDUSTRY

No# 13e.

8:00P-

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P. wanch a Sonw P.H. F.M. Hynekaville, Maryland

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A/		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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7 e 2 2 5	1	190 best to Ven 6/ev DEATH MATED FT 2219 84
A RESE	3. SE)	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. TIF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR
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£3555V	70.0	IRTHPLACE ISTATEOR 76 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH
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AY IS THE PAGE PAGE PAGE	ro. C	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK IN 126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY
DELAY 3 TO TH IN PAG 20 SE PILE	1/4	- zuvet / - zuvel Beltsville It as rownen-operator treight co
		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
AORE, MD. 21201 R DEATH. IF ANY DELAY AGES 1, 2, AND 3 TO T RM PM 3. RETAIN PA ROW IT ALL RECORDS, 3	130. 5	TATE 110. SOUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 1 mg 112.
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ORE, MA DEATH. GES 1, SM PM.	1	FIRST MIDDLE LAST ART MIDDLE LAST
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RECORDS. ID BE EXECTED MEDICAL MEDICAL MEDICAL REALTH AND CREMATI	2	TAKE 2 OFFICE STORTEGART CONDITIONS CONTRIBUTION TO DEATH BUT HUT RELATED TO THE TEXMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
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DIVISIO THIS CERTIF S. WRITING: WARDED TO PAGE 3 SHO STATE DEPAR	2	WHILE AT WORK ON THE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIN E. THIS C FE, WRIT RWARD : PAGE: STATE (), 21201	1	
CATE SATE		22a Certify that taak charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
ME REST		death resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined manner ,
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CAL EXA THE CER SHOULD ERAL DIR EATH, WI		ACTUAL SIGNATURE M.D. DATE N. L. 9 1984
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND.		(TYPE OR PRINT) OHN ROGERS ADDRESS
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	24 F	UNERAL DIRECTOR
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DHMH - 16 50M 4/8 (VRA 15, 4)

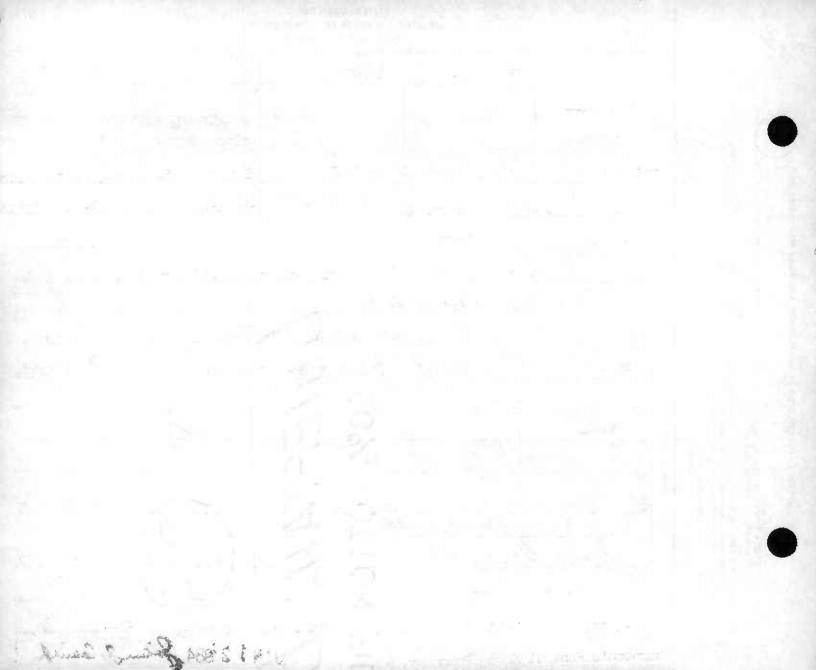
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		GREGORY H.	Frisher		22e. ADD	RESS					
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Jan. 28,	23c. NAM	e of CEMETERY Michaels	OR CREMATORY Cem	23d LOCATION CITY OR TOWN Bridgepor	t, Cor	COUNTY	STATE	
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STATE OF MARYLAND

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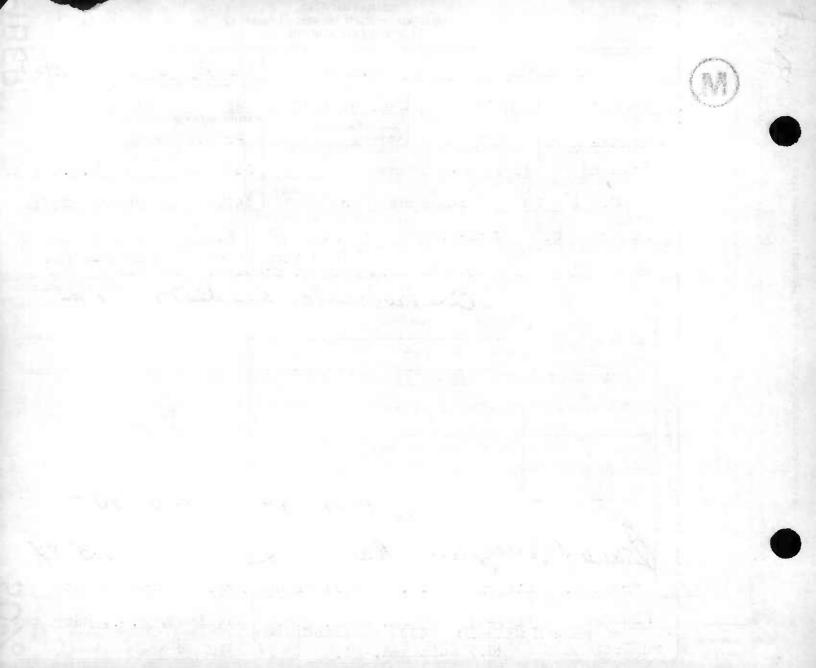
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1000	13a. M	ARYLAND C	YTMU	nstitution, give residence before adm 13c. City Or Town ES BRYANS ROAI		36. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS BOX 218 MARSHALLS HALL				
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TO HOSPITAL To FUNERAL Should be det with the Stote	230.	BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL			NAME OF CE	9440 Fei METERY OR CREMATOR In Meth. Ch	CITY OR TO	MM	Charles	Md.	
	24. F	UNERAL DIRECTOR					ATE REC'D. BY REG	San Shannan	RAR'S SIGNA		



Funeral Home

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 26 HOUR MONTH (TYPE OR PRINT) ESTI-Calvin Luther Wiggins DEATH MATED 5/84 19 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 2:30 Black 4-23-59 Male DEAD 1/5/84 AM To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Nash Co, USA N.C. DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Chilum 5406 21st. Ave. Tier Mechanic UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 5406 21st. 13d INSIDE CITY LIMITS? NO □ 5406 Maryland Hvattsville YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Wiggins Perry Wiggins Joseph Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Ayattsviti (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 218-76-9104Joseph Wiggins APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMITMHEALTH AND MENTAL HYGIENE, D.L., CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stab Wounds IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRICE TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 11:00PM 1/4/84 CONTRIBUTING CAUSE OF DEATH subject stabbed STATE DEPAR 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE home AT WORK AT WORK 5406 21st. Chi lum Ave. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIF, BALFIMORE, MARYLAND, 2" Autapsy X 22a. I certify that I taak charge of the remains described above, held on Inspection Homicide Y Undetermined manner death resulted from Notural couses Suicide TITLE (SPECIFY) 1/5/84 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth M.D., 111 Penn St., Balto., (TYPE OR PRINT) 238 LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Washington National BP Maryland 14th St25 WHITE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

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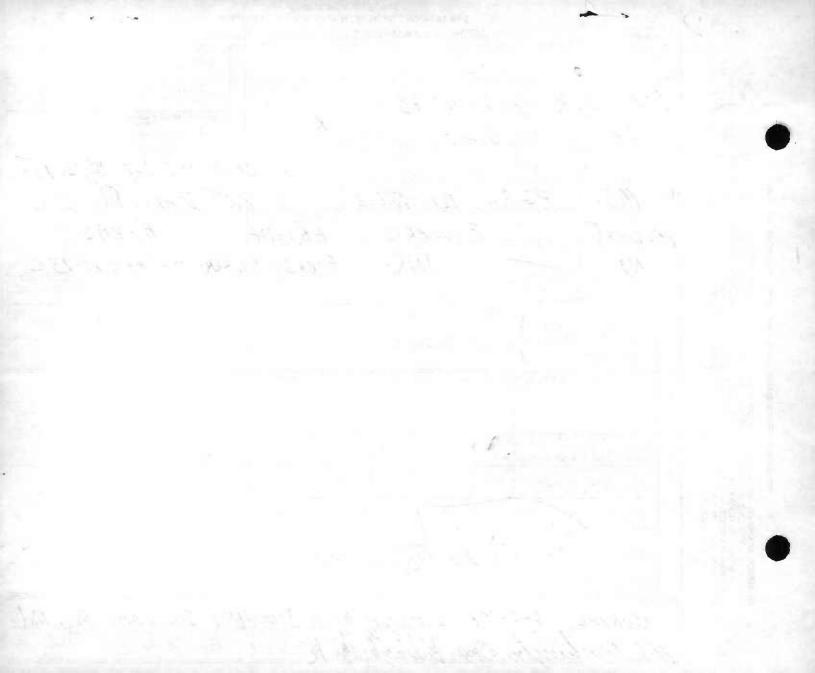
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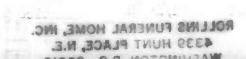
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	L.	REGISTRAR		AINER'S CERTIFICATE O	F DEATH REG. N	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN [OF ESTI-	MONTH DAY YEAR 26. HOUR
ES. ES.		Joan	Delores	Wilkerson	DEATH MATED	□ 1/29/84 ₉
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DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF AS SHOULD BE USE E DEPARTMENT OF H OUT PRIOR TO BURIAL	CERTIFICATION	21a EXTERNAL CAUSE WAS	2ADDEOMNJURY	171r HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 1	YES X NO
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SHOOT OF SHOT OF SHOOT OF SHOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOT OF SHOT OF SHOT OF SHOT OF SHOOT OF SHOT OF SH	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO		ed would	
S CE S CE S CE S CE S CE S CE S CE S CE	A	WHILE NOT WHILE I	street, Factory, Farm, etc.) residence	5068 Silver H	ill Court, Apt.	103 Forcestyrille
DI THIS E, WRI WARE PAGE STATE					TIT COULT, APE.	Pr. Cco., Fid.
EXAMINER: CERTIFICATE JID BE FOR WITH THE S MARYLAND,	1	22a I certify that I local harg	e of the remains described above held			nd in my apinian
WIE BE		death resulted from	of courses A Acident	Suicide V, Hamicide	Undetermined manner	
MARK WAR	4	ACTUAL / //S	Mall She Str	TITLE (SPECIFY)	o.f.	DATE 1/30/84
SHE HE HE	9/	SIGNATURE	may musy		<u>ef</u> medical examiner	SIGNED
MEDICAL CUTE THE CUTE THE FUNERAL ER DEATH TIMORE,		EXAMINER'S NAME	mas D. Smith, M.D.	111 D	enn St., Balto	Md 21201
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELEVENTE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAFEN DEFAUTH. THE STATE DEPARTMENT OF HARLTH AND SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HARLTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS.	72- 5	(TYPE OR PRINT)TIO		F CEMETERY OR CREMATORY		7. 7 1.00 2.12.01
		SPECIFY REMATION, REMOVAL	2-1-84 / 1210	ala MEM. NEM	1236. LOCATION SULT	AND PO POLISTATE
BP	24 1	UNERAL DIRECTOR	1 / 1/100	CAN HE 250. DATE R		GISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		U.S. Colondon	The of Sould River	The MATEB	7 1984 100	in I labelly
20M 4/82	4	11 ONEWWOW	MIL MINO DANKER	CANA CIENTIA	· · · · · ·	

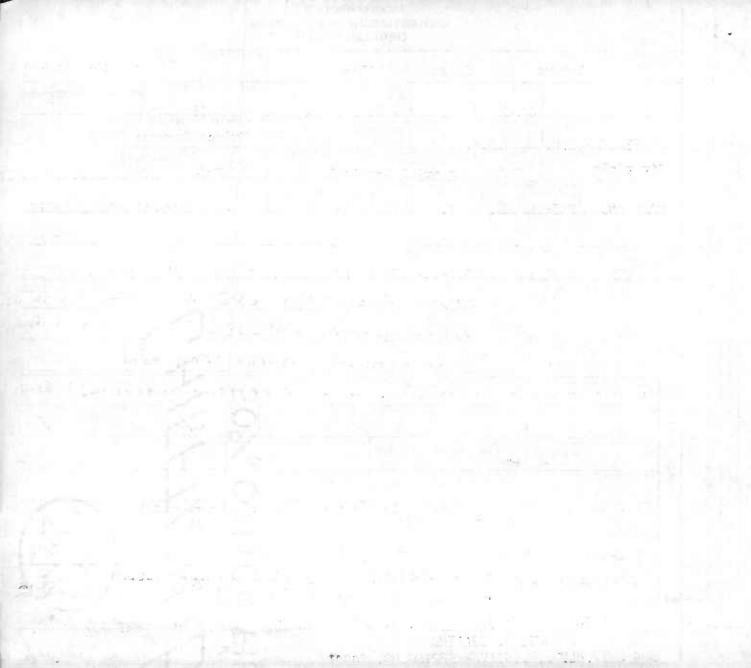


	1	FOR			DEDARTMEN	STATE OF N	ARYLAND AND MENTA	LUVOITAIT	0	2/	5 2	
W.	11-	STATE REGISTRAR		ME	DICAL EXA				REG. NO	(Ca)	-	
(R)	1. DE	CEASED NAME E OR PRINT)	Anna	A	melia		lard		ATE KNOWN ATE	MONTH DAY	YEAR 26 HOUR	
Y. PEAS IRECT OR FILL V. STREET	3 SEX	nale	RACE White	Aug. 12, 1907				DER 24 HRS. 2c. [DATE HOUNCED DEAD DOA	MONTH DAY	YEAR 124 HOUR 84 11:59	
MD. 21201 1. IF ANY DELAY IS NECESSARY, I EASE 2. AND 3 40 THE FUNERAL DIRECTOR 1. 3. RETAIN PAGE 5 FOR YOUR FILL 2. SHOULD BE FILED, WITHIN 72 HOURS ARE RECORDS, 2011 (PRESION STREET,		BTHPLACE (ST	own, Mo							Y OR COUNTY OF DEATH		
PAGE S	1	ty or town o			George (DRESS)			CCUPATION (TYPE		OF BUSINESS DUSTRY	
ANY DE AND 34 RETAIN HOULD E		AL RESIDENCE (136 POUN	OR OTHER INSTITUTION, C	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS	599911	Merson	st 20	710	
RE, MD.	14 F/	ATHER'S NAME FIRST		WIDDLE	KelMe		AmeTia	AIDEN NAME	"Whit	ler. LAST		
BALTIMORE, S. AFIER DEA' GIVE PAGES TITH FORM P PAGES LAN IVISION OF	16a. V	MAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	578-10	-5701 I	Wugh	C. Will	lard Jr	• 12616		
TITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. I DRD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. COHEATHA HAD MENTAL HYGIENE, DIVISION OF MILE URING CREMATION, OR REMOVAL.	NC	Candition gave rise cause (a) lying caus	s, if any, which to immediate stating the under-elast.	DUE TO, O	r as a consequ	ENCE OF		cular dis	sease			
F VITAL REC TE SHOULD B WORD "PEN HE CHIEF MU O BE USED A BURN C HEA	CERTIFICATION	19a. DATE OF	OPERATION	196. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?			20. AUTO		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF ES 3 SHOULD BE USE EDFARRANT OF H OI PRIOR TO BURIAL			OR IG CAUSE OF	DEATH P.	M. MONTH DAY M.	YEAR		RRED LENTER NATURE	OF INJURY IN ITEM 18 P.	ART I OR PART 2}		
DIVIS THIS CER. WARDED WARDED PAGE 3 SI TATE DEP	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE C		OF INJURY (ATH CTORY, FARM, ETC.)		TREET	СПА	OR TOWN	COUNTY	STATE	
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: IFR DEATH, WITH THE S		death resulte		ge of the remains de ral causes	Accident, Ac	Suicide M	Hamicide TITLE (SPECIFY D. Deputy	Undetermine) MEDICAL E	EXAMINER	DATE SIGNED 1/20	9 1/1984 , Md.	
₽ <u>₩</u> ₹₽₩	23a.B		ION, REMOVAL			OF CEMETERY O		23d LOCATION OF TOWN	letown,	COUNTY Md	STATE	
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	24.F	UNERAL DIRECT	x) Jal	ext 12	akoma Fi 54 Carro		Home 250 N	BO3g	34 Son	STRAR'S SIGNATURE	4	

The state of the s . T. Too. Jo. . M. . M. T. T. T. S.C. . OC . Cell . T. - AP 1297 TEE the result of the said of the second of the All amorates and the Called Tilled West of the second seco

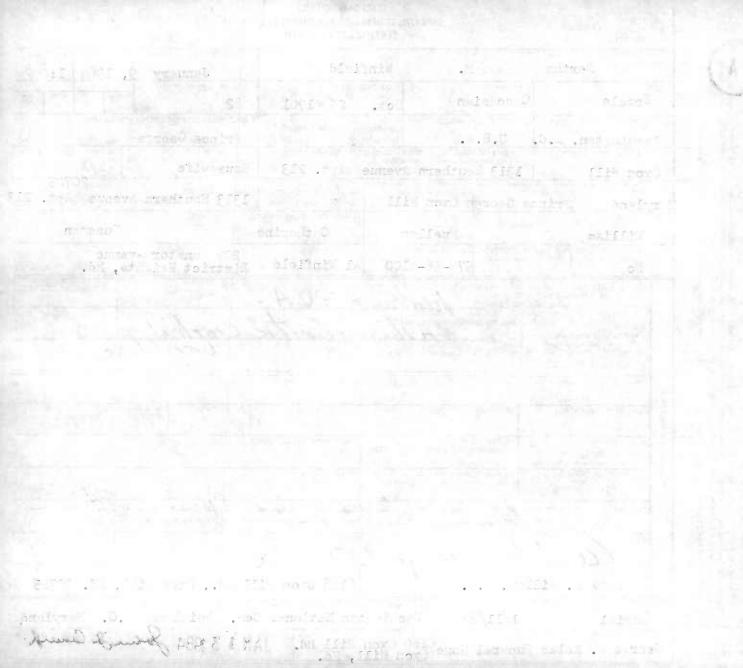
		CEASED NAME JOSEP	H		WILSON		1-15-8	ATH MONTH	DAY YEAR	26 HOUR 5:18
1	3. SEX		4. RACE		5. DATE OF BIRTH	1913	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
1	Ma	le	Black		MONTH 5	1913	73 7	O YRS		HOURS
S)		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED NI	EVER MARRIED C	PRINCE	GEORGE	S COUNT	Y
Office of the state of the stat		LINTON	11. NAME OF HOSE (IF NOT IN SUCH FAC SOUTHERN	MITY, GIVE STREET A	DDRESS)		120 USUAL OCC (TYPE OF WORK FOR Brickl	MOST OF WORKING	LIFE) 12b. KIND C	OF BUSINE
A TO	USUA 130 S D	L RESIDENCE (IF NURSING) WE O	R OTHER INSTITUTION, GIVE NTY 134.	CITY OR TOWN	on 13d. INS	IDE CITY LIMITS?			reet, S.	E. 2
	14. FA	THER'S NAME FIRST William	MIDDLE H.	Wilson	10	THER'S MAIDEN N		DOLE	Court	iey
1	16c W	(AS DECEASED EVER IN U.S. AI	ME WAR OR CATES	50CIAL SECUE		ormant peria Joh	nson Wa	ADDRESS 22 Wagn shingto	er Streen, D.C.	200
ny injury, ar other		cause (a), stating the	DUE TO, OR AS	A CONSEQUE	NCE OF					
injury,	ATION	underlying couse last. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTR	RIBUTING TO D	EATH BUT NOT RE					
any injury,	RTIFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTE	RIBUTING TO D	<u>eath</u> but not re	PERFORMED	200 AUTOPS	20b. IF Y	ES, WERE FINDII TIFYING CAUSES YES	NGS USE
20	AL CERTIFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI	CONDITIONS CONTE	RIBUTING TO D	EATH BUT NOT RE	PERFORMED	200 AUTOPS	20b. IF Y	ES, WERE FINDII TIFYING CAUSES YES	NGS USE
or them 18 shows any injury,	MEDICAL CERTIFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [CONDITIONS CONTE	FOR WHICH O	OPERATION WAS Y YEAR 19 216 HG	PERFORMED	200 AUTOPS YES N JRRED (ENTER NATURE	20b. IF Y	ES, WERE FINDII TIFYING CAUSES YES	NGS USE 5 OF DEA NO [
21 is marked or fleet 18 stores any injury.		Underlying COUSE TOST. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (16 EITHER, NOTHY MEDICAL EXAMINI) 21d. INJURY OCCURRED WHILE NOT WHILE COUNTRY	21b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF II JATHOME, STREET, F	N FOR WHICH (JURY MONTH DA NJURY ACTORY, OFFICE, FA	OPERATION WAS Y YEAR 19 216 LO	DW INJURY OCCU	200 AUTOPS YES N JRRED (ENTER NATURE	OF INJURY IN ITEM 1	VES, WERE FIND II TIFYING CAUSES YES 8 PART 1 OR PART 2) COUNTY	NGS USE S OF DEAT NO
them 21 is marked or them 18 shows any injury,		Underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONTROL 19b. CONDITION 21b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF II JAT HOME, STREET, F oital) attended the de- n. 11b. CONDITION	N FOR WHICH (JURY MONTH DA NJURY ACTORY, OFFICE, FA	OPERATION WAS Y YEAR 19 216 LO	DW INJURY OCCU	YES N NERED (ENTER NATURE	OF INJURY IN ITEM 1. TY OR TOWN STAFF	VES, WERE FIND II TIFYING CAUSES YES 8 PART 1 OR PART 2) COUNTY	NGS USE 5 OF DEAT NO [
them 21 is marked or them 18 strows any injury.		Underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY, MEDICAL EXAMINI 210. INJURY OCCURRED WHILE AT WORK 220.1 Certify this hosy sow the deceosed clive o obdove, (1) (we) (did) (did n	CONDITIONS CONTR 19b. CONDITION 21b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF II JATHOME. STREET, F oital) attended the de	N FOR WHICH (JURY MONTH DA NJURY ACTORY, OFFICE, FA	OPERATION WAS Y YEAR 19 216 LO	CATION STREET 19 ATTENDING	YES NUTOPS' YES NUTER NATURE NOTE: NO no note: No note: No note: No no note: No	OF INJURY IN ITEM 1. TY OR TOWN STAFF	COUNTY	NGS USEG



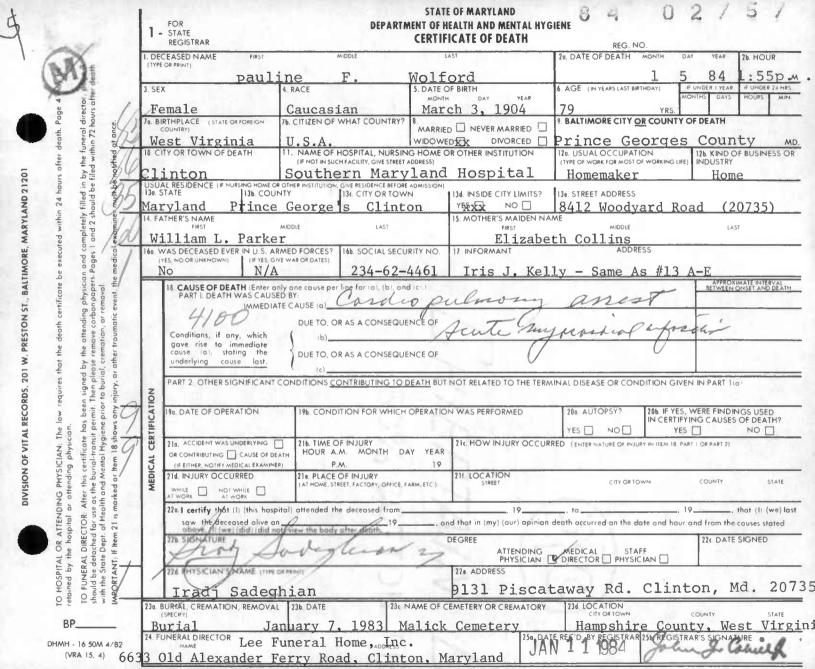


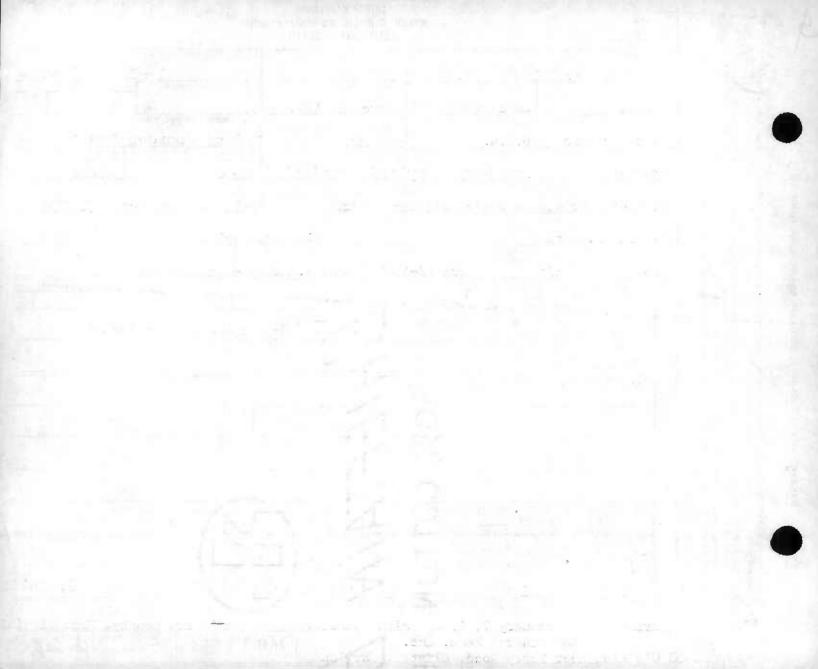
DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND



21					DED A DY		E OF MA			CIENT	N an		0 2	1 00	6
10	1-	FOR STATE				MENT OF H					1.3		(1) San	,	
		REGISTRAR		ME		EXAMINE	K 5 CE	KIIFIC	AIEUr			REG. N			-
		EASED NAME	FIRST		MIDDLE		LAS	T		2a.	OF DATE	ESTI-	MONTH.	DAY YEA	AR 2b. HOUR
			LEROY		L.		WIS	EMAN	Sr.			MATED		12 19 8	A M
F	. SEX		1. RACE	5. DATE OF BIRTH	YEAR	& AGE (IN YEAR		R 1 YR.	IF UNDER 24			CED	MONTH	DAY YE	EAR 24 HOUR
1	Ma	le	White	Oct 5 1		62 YRS	77.07.11.10	DAYS	HOURS	MIN PR	ONOUN	CED	1	12 198	4 217
ł	70 BI	RTHPLACE (STA	ATE OR	76. CITIZEN OF W			-	-FFT - 15 11	ER MARRIED	9.	BALTIMO	ORE CITY	OR COUN	TY OF DEATH	
2		reign country)		U.S	70		WIDOWED	-	DIVORCED			0	_		
d		T Y L ATTU		11. NAME OF HOS	PITAL NUI	RSING HOME.	OR OTHER	INSTITUTI	ION I	2a USUA	LOCCUP	ATION ITS	eorg	117b. KIND OF	BUSINESS
A	1	Iorur	1	Laurel B	CILITY, GIVE ST	REET ADDRESS)	enita	1		Shee	E WORK	eta1	Med	h APL	JSTRY
1		urel	IF IN NURSING HOME O	R OTHER INSTITUTION, G				. T						707	
1		ryland		undel	13c.£13	ayeyn	130	I. INSIDE CIT	NO EX	3. 4TE	ADDRES	å Li	ne A	ve.	
1	4) FA	THER'S NAME		MIDDLE		LAST	15	MOTHER	R'S MAIDEN	NAME	AAM	DDLE		LAST	
1		Louis			sema			1.44	izabe	th	7911		Міл	ıth	
1	les V		EVER IN U.S. ARA			IAL SECURITY	NO. 17.	INFORM.				ADDRES	SS		
ł		Yes		2-1945	215	-12-88	38 M	ario	orie '	Wise	man	Sam	10 75	#130	
Ì		18. CAUSE OF		ly ane cause per line			700 113			HALL			ic as	APPROXIA	MATE INTERVAL
ı		PART I DE	ATH WAS CAUSED	BY. A	rteri	osclero	tic c	ardi	ovascu	ılar	dise	ase		BETWEENO	NSET AND DEATH
1		429	12 IMMEDIAT	E CAUSE (a)		ISEQUENCE OI									
1		Candition	s, if any, which	1											
1			e to immediate stating the under-	(b)	15 1 501									-	
-1		lying caus		DUE TO, OR	AS A CON	SEQUENCE OF	F								
1				(c)											
1		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	1EO TO THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART	1:01					
4	5	1													
4	CA	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPERA	TION WAS	PERFORM	AED?					20 AUTOP	'SY?
1	CERTIFICATION													YES [No
1			L CAUSE WAS	11b. TIME OF		DAY YEAR	21c. HOW	INJURY C	OCCURRED	(ENTER NAT	URE OF INJU	JRY IN ITEM 1	8 PART 1 OR PA	ART 2)	
1	MEDICAL	CONTRIBUTING	OR IG CAUSE OF D	DEATH P.M	i.	19									
1	ED	21d. INJURY O	CCURRED	71e PLACE	OF INJURY	(AT HOME,	21f LOCA				ITY OR TOW	/hl		DUNTY	STATE
1	2	WHILE AT WORK	NOT WHILE] JIREET, FAC	ONT, FARM, E	150.1	STREE				.II OK IOW	FPS	CC	JUNIT	STATE
				(-) - (-)	anibania d	hald	A		Inspection	X		T*	- 1:-		
		to the same of the	,	e of the remains de:		F	Autapsy				Inquiry		and in my a	pinian	
		death resulte	d fram: Natur	ral causes X,	Accident	, Suic	ide 🔲 ,			Undetern	nined mai	nner			
		ACTUAL /	Muse	XXX	11.	eil.		TITLE (SP					DATE	1/12/1	1984
7		SIGNATURE	Juga	3/0/70	ary	Tury	M.D.	Depu	Су	MEDIC	AL EXAM	INER	SIGN	ED	
A		FXAMINER'S	NAME A	to D D		0		F.0	.00		0.	m .		11277 =	Mal
			The second second second	to P. Roc	right	z, M.D.	AD	DRESS 50				, Ter	mpre :	Hills,	Ma.
1	23a.B	JRIAL, CREMAT	ION, REMOVAL	3b. DATE	23c. F	NAME OF CEM	ETERY OR C	REMATO	RY	23d. LOCA	ATION		COU	JNTY	STATE
		Crer	nation	1/14/84	Me	tropo	litar	Cr	em.	Ale	xand	dria.		rginia	
1	24. F	NERAL DIRECT	OR FLECK	FUNERAL	HOM	E INC		2	Sa. DATE RE	C'D. BY RE	EGISTRAF	R 256. REC	SISTRAR'S	SIGNATURE	4.1
				ing Rd.				070	JAN	1 /	1984	03	and	Je law	icy
1									-						





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	ISTRAR						REG. N	O.			
1. DECEASE		FIRST		AIOOLE	Ł	AST	20. DATE OF DEATH	MONTH	OAY YEAR	26. HOUR	
(TYPE OR PRIN		RAYMON	ND LEWI	GOOM 2			JANUARY 8	3 198	34	7.35	
3. SEX			RACE	2 0000	5. DATE C	F BIRTH	6. AGE IN YEARS LAST BIR		IF UNDER TYE	AR IF UNDER 24 I	
			D1 cole		AUGU		55		MONTHS DA	YS HOURS A	
Mal		ORIGIN 11	Black	WHAT COUNTRY?	8		9 BALTIMORE CITY C	P COUNT	OF DEATH		
COUNTRY	Y)					NEVER MARRIED					
	VIRG		UNITED		WIDOWE		PRINCE GEORGE'S COUNTY				
10 CITY OR	TOWN OF DEA	(TH		HOSPITAL, NUKSIN H FACILITY, GIVE STREET		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			RY	
	REWS AF					DICAL CENTER	MECHANIC		MII	LITARY	
USUAL RES 13a. STATE MARY		136. COUNT	Υ	GIVE RESIDENCE BEFORE 134. CITY OR TOW OXONHILL	N	13d. INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS 308 FERND	ALL P	LACE	1074	
14. FATHER'S		400				15 MOTHER'S MAIDEN N					
	RRIS WO	OD	DDLE	LAST		FRANCES				LAST	
	OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR				
YE	S	AIRFO		229-30-				L PLACE			
18. C/	AUSE OF DEAT	H (Enter only	one couse per	line lorgal this and	difference	MADY ADDROM			BETWE	ROXIMATE INTERVAL EN ONSET AND DE	
PA	18 CAUSE OF DEATH (Enter only one couse per line lor to the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)										
			DUE TO, O	R AS A CONSEQUE	OUKEDECTUBLE OF DOLL GUICOTHOURS						
C	Canditions, if ony, which (b)						ON TON GUICLE	10244			
			(b)	UN RES	ECTA	BLE COLON	CALE IN EM				
gov	e rise ta imn se (o), stotin	nediate ig the	DUE TO, OI	R AS A CONSEQUE		BLE Colos	CARE IN A MA				
gov	e rise ta imn	nediate ig the	DUE TO, OI			Bie Gil	CARE IN WIND				
gove cous unde	e rise ta imn se (0), statin erlying couse	nediate ig the lost	(c)	r as a conseque	ENCE OF	NOT RELATED TO THE TER			VEN IN PART	· Ita	
gove cous unde	e rise ta imn se (0), statin erlying couse	nediate ig the lost	(c)	r as a conseque	ENCE OF				VEN IN PART	lia .	
gove cous unde	e rise ta imn se (0), statin erlying couse	nediate ig the lost	ONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT			DITION GIV	S, WERE FIN	IDINGS USED	
gove cous unde	e rise to imn se (0), stotin erlying couse	nediate ig the lost	ONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YE	S, WERE FIN FYING CAU:	IDINGS USED SES OF DEATH?	
gove cous unde	e rise to imm se (o), stofin erlying couse 2 OTHER SIGN ATE OF OPERA	nediate ig the lost	ONDITIONS CC	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF YE	S, WERE FIN FYING CAU: ES []	IDINGS USED SES OF DEATH? NO [
CERTIFICATION BUT 18 TO	e rise to imn se (0), stotin erlying couse	mediate g the lost NIFICANT CO	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YE	S, WERE FIN FYING CAU: ES []	IDINGS USED SES OF DEATH? NO [
CERTIFICATION BUT 18 TO	e rise to immise (o), stofin erlying couse 2 OTHER SIGN ATE OF OPERAT	NIFICANT CO	(c)	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF YE	S, WERE FIN FYING CAU: ES []	IDINGS USED SES OF DEATH? NO [
PART OF CERTIFICATION OF CO. C.	e rise ta imm erlying couse 2 OTHER SIGN ATE OF OPERA ACCIDENT WAS UNIT ONTRIBUTING [CHITHER NOTIFY MEDIC N JURY OCCURE	TION DERIVING CAUSE OF DEATH CALEXAMINER)	(c) DNDITIONS CC 1% CONDI 21b. TIME O HOUR A. P. 21e PLACE	R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH FINJURY M. MONTH D M. OF INJURY	OPERATIO AY YEAR 19	NOT RELATED TO THE TER	200 AUTOPSY? YES NO	206. IF YE IN CERTI YI	S, WERE FIN FYING CAU: ES []	IDINGS USED SES OF DEATH? NO [
PART OF CERTIFICATION OF CO. C.	e rise ta imm erlying couse 2 OTHER SIGN ATE OF OPERA ACCIDENT WAS UNIT ONTRIBUTING [CHITHER NOTIFY MEDIC N JURY OCCURE	MIFICANT CO	(c) DNDITIONS CC 1% CONDI 21b. TIME O HOUR A. P. 21e PLACE	R AS A CONSEQUE THOM FOR WHICH FINJURY M. MONTH D M.	OPERATIO AY YEAR 19	NOT RELATED TO THE TER N WAS PERFORMED 21c HOW INJURY OCCU	20a AUTOPSY? YES NO STREED (ENTER NATURE OF INJU	206. IF YE IN CERTI YI	S, WERE FIN FYING CAU! ES PART 1 OR PART	IDINGS USED SES OF DEATH? NO	
PART VOICE I 19a. D. COUS WEELEN OR CC CE 19a. A OR CC (# # E 12 I d. A WHILL A T WOOL A T WO	e rise ta imm se loi, stotin erlying couse 12 OTHER SIGN ACCIDENT WAS UNE ACCIDENT WAS UNE ONITRIBUTING (CITHER NOTIFY MEDIX NJURY OCCUME LE NOTIFY MEDIX AT WOOT WAS UNE	MIFICANT CO	196 CONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY OF INJURY OFFICE, F	OPERATIO AY YEAR 19	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY? YES NO STEEN NATURE OF INJU	206. IF YE IN CERTI YI	S, WERE FIN FYING CAUSES D PART OR PART COUNTY	IDINGS USED SES OF DEATH? NO	
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DHMH - 16 50M 4/B2 (VRA 15, 4)

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10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

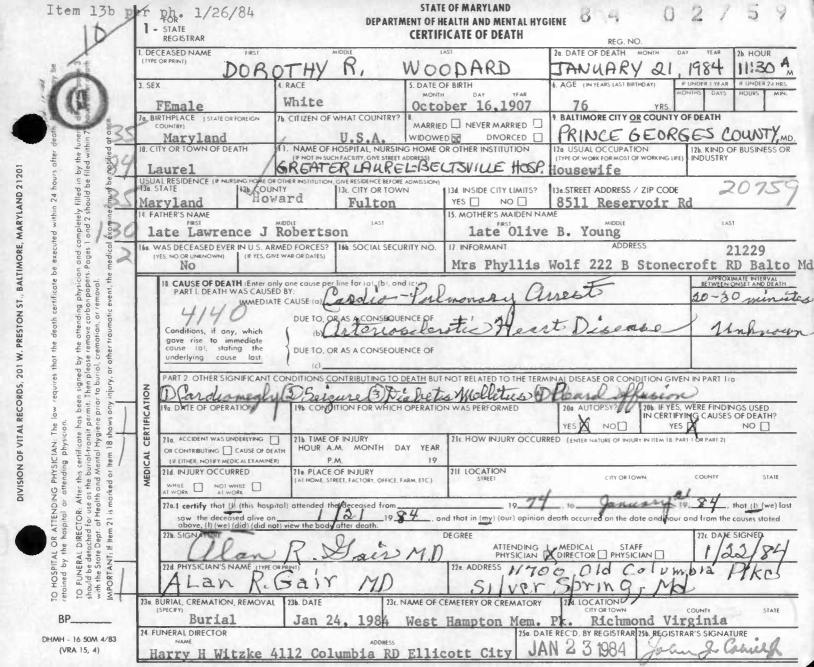
etoined by the hospital or attending physicion

Robert G. Mason

FOR - STATE

1661 Good nope Road,

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AGGIL FOR THE SAME SAME OF A VETTOROR Unite October Lo,1907 75 U.S.A. x ... ITAINGE GENKSES COUNTY malvet. Lourel Land Andrews of the Mark the Mark Housert's Tulton 8511 Teservoir Rd late Lavrence J Robertson Late Olive D. Young Mrs Phyllis Molf 221 P Stonucro t M Malto M The state of the s Commence of the commence of th The same of the same and the same of the same of the - was till a The state of the s er of the state of a state of the state of t sorial Jan 14, 1984 Meyr Hampton Mem. Ph. Hischmond Virginia herry a Mittle will Colombia Ab Elifort City

+	1-	REGISTRAR 2/24/84	#G58@DEPARTMENT OF HEALTH AND MENTAL HYGIENE jp MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 / 8 0
CESTARY, PLEASE CESTARY, PLEASE CORNOR PARE PRESIDENTEER,	3. SE.	CEASED NAME FIRST E OR PRINT) 4. RACE RTHPLACE (STATE OR REIGN COUNTRY)	AMODLE LAST 20. DATE KNOWN OF ESTI- DEATH MATED AGE (IN YEARS IF UNDER 1 YR. IFFUNDER 24 HRS. PRONUNCED DEAD 76. CITZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	MONTH DAY YEAR 75 HOU MONTH DAY YEAR 78 HOU COUNTY OF DEATH
DELAY IS NE 1 TO THE FUI N PAGE 5 1 BE PILED, V 205 SQUI W.		TY OR TOWN OF DEATH HY LLTVIII LE RESIDENCE (IF IN NURSING HOME	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, BYES JADDRESS) OR OTHER INSTITUTION OF PESTIGENCE REPORE ADMISSION) OR OTHER INSTITUTION GIVE PESTIGENCE REPORE ADMISSION	F WORK 176. KIND OF BUSINESS OR INDUSTRY
MD, 21201 H. F. ANY D. I. 2. AND 3 H. 3. RETAIN D.2 SHOULD DAL RECORD	130. 5	TATE 136 COUNTY ATHER'S NAME FIRST	NTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 15 CONTROL OF THE CHILLIAN INSIDE OF THE CHILLI	NE AN 301
BALTIMORE, SEATER DEATER DEATE	16a. \	George Wright VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GWE	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. AD	Hvattsville MD.
201 W. PRESTON ST. UTED WITHIN 24 HO. UTED WITHIN 24 HO. UTED WITHIN TEM. IS. REAL TRANSIT PERMIT D. MENINAL HYGENE ON, OR REMOVAL	z	Conditions, if ony, which gove rise to immediate cause (a) stating the <u>underlying cause lost</u> .	DUE TO, OR AS A CONSEQUENCE OF (b)	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL ET 3 SHOULD BE USED AS A BUF EDEPARTMENT OF HEATTH AND OF PRICE TO BURIAL, CREMATI	MEDICAL CERTIFICATION	198. DATE OF OPERATION 210. EXPERNAL CAUSE WAS UNDERLYING OR	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	20 AUTOPSY? YES NOTE
DIVISION OF VIT E. WRITING THE WOF RWARDED TO THE CF RAGES SHOULD BE IN 7. 21201 PRIOR TO BUT	MEDICAL	CONTRIBUTING CAUSE OF		COUNTY STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 3		l '	ge of the remains described above, held an Autopsy , Inspection Inquiry , and invalidation of the remains described above, held an Autopsy , Inspection Inquiry , and invalidation of the remains described above, held an Autopsy , Inspection Inquiry , and invalidation of the remains described above, held an Autopsy , Inspection Inquiry , and inquiry , and invalidation of the remains described above, held an Autopsy , Inspection Inquiry , and an analysis and	DAT SIGNOS NO SI
Bb———	(URIAL, CREMATION, REMOVAL BURIAL		COUNTY STATE
DHMH - 17 (VR A15 ME (5))		ineral director AZIER'S FUNERAI	HOME 389 R.I.ave.N.W.	RAD'S SIGNATURE

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	REGISTRAR			LEXAMINE		CATEOF		REG. NO.		
	DECEASED NA	ME FIRST	WIDDLE		LAST		20. DATE KNO	11-	DAY YEAR	2b. HOUR
		Debo	orah A.		Young		DEATH MA	TED 1/	29/849	M
3	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER 24	HRS. 2c. DATE	MONTH	DAY YEAR	10 22
Fe	emale	Black	1- 8 194	7 37 YRS	MONTHS DATS	HOURS	DEAD	1/2	9/84 19	PM
20	BIRTHPLACE	(STATE OR	76. CITIZEN OF WHAT CO	UNTRY? 8	MARRIED X NE	EVED MARDIET	9. BALTIMORE	CITY OR COUN	NTY OF DEATH	
h	Philla,	Pa	USA		VIDOWED	DIVORCED	- ·	George	's Count	V MD.
	CITY OR TOW		11. NAME OF HOSPITAL		OR OTHER INSTITU	JTION 1	20. USUAL OCCUPATION	ON (TYPE OF WORK		USINESS
	Cl	inton	Southern	rn Maryland Hospital FOR MOST OF WORKING LIFE) OR IN						KT
	SUAL RESIDENCE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)			Ar	ndrews 7	0231
13	Md.	136 COU	Su Su	itland	13d. INSIDE ((ITY LIMITS? 1:	3e. STREET ADDRESS 3835-1 Micl			337
14	I. FATHER'S NA	WE	WIDDLE	LAST	15. MOTH	IER'S MAIDEN	NAME _ MIDDLE	167	LAST	
	Emanuel	Wrig	ht Sr.		Esth	ner	Taylor			
16	WAS DECEA	SED EVER IN U.S. AF	RMED FORCES? 166. S	SOCIAL SECURITY	17. INFOR	MANT 383	5-1 Michig	an Ave	. Andres	W S
	Na	(11 123, 017	U	NK	Rober	t L. Y	oung (Husb	and) A	AFB	
F	18. CAUSE	OF DEATH (Enter o	nly one cause per line for (o),	, (b), and (c).)					APPROXIMAT BETWEEN ONSI	TE INTERVAL
ı	PARTI	DEATH WAS CAUSI		cotic ab	use					
1	30	3049 IMMEDIATE CAUSE (a) NAT COLLIC ADUSE (DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if ony, which								
		gove rise to immediate (b)								
	lying	lying cause lost.								
	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN.	LI DISEASE OR CONDITION	ON GIVEN IN PART	1 (a)			
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	UNDERLY	NG OR	HOUR A.M. MON	ITH DAY YEAR					,	
	V	TING CAUSE OF	DEATH P.M.	JRY (AT HOME.	21f LOCATION					
		NOT WHILE	STREET, FACTORY, FAR		STREET		CITY OR TOWN	C	OUNTY	STATE
	AT WORK	AT WORK								
	22a. 1 ce	ertify that I toak char	ge of the remains described	obove, held an	Autapsy X	Inspection	, Inquiry	, and in my	opinian	
	deoth res	ulted from: Not	urol causes Accide	ent , A Suici	de, Homi	icide ,	Undetermined monne	, ,		
		1/0	010		TITLE (SPECIFY)		•		
	SIGNATUR	E_//)	may 4	which	M.D.Depi	uty Chi	ELEDICAL EXAMINE	R SIGN		84
		100	10000					3101		
1	EXAMINER (TYPE OR P	RINT)	Thomas D. Sn		ADDRESS		nn St., Ba			
23	Burial, CREA (SPECIFY) Buria	AATION, REMOVAL	236. DATE 2. 2-6-84	Arlingto	n Nation	al	23d LOCATION Ft. Myer	Virgini	a YTANIC	STATE
2	4 FUNERAL DIR				PE	75 PAIS RE	C'D. BY REGISTRAR A	IL REGISTRANS	SIGNATURE	
,	NAME	f. Tonkin	ADDRESS 716 Vo.	nnod Ce	N H	B 17	guna da	widson-Ho	nacia	
٢	Omnaon	a Jenkins	Inc. 716 Ker	inedy st,	IN W	1 6		•	- 1	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Stewart

(VRA 15, 4)

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		REGISTRAR		ME		NER'S	CERTIFICATE OF	KEG.		`
T		CEASED NAME	FIRS1		MILIDLE		LAST	DATE KNOWN OF ESTI-	MONTH BAY	THE POUR
L	(ON PRINTING	Sara	h	M.	You	ing	DEATH MATED	□ 1 31 ±	9 84
3	SEX		4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTH		NDER 1 YR. IF UNDER 24	HRS. 2c. DATE	WCHTH DAY	VEAR 24 HOUR
Æ	Fe	male	Negro	Oct 13			DATS HOURS W	DEAD	1 31	83 8:11
1		RTHPLACE (ST	ATE OR	76. CITIZEN OF WI		B. MARR	IED NEVER MARRIED	9 BALTIMONE CIT	Y DE COUNTY OF DE	EATE
		shingt	on.D.C.	United	States	- 1	VED DIVORCED		1.	MD
I	0 CI1	Y OR TOWN	OF DEATH	III NAME OF HOS	PITAL NURSING HOA	ME, OR OTH	HER INSTITUTION II	TO USUAL OCCUPATION ((TYPE OF WORK 12b KIN	D OF BUSINESS
		everly					al Hospital	Retired	Gove	rnment
-	JSUA 3a. ST	L RESIDENCE	IF IN NURSING HOM	E OR OTHER PISTOUTION, GI	VE RESIDENCE BEFORE ADMIS	SION)	136. INSIDE CITY EIMITS?	3e. STREET ADDRESS	~ 5,	-7012
	Md			itol Hgts	Capitol		YES X NO	1129 Capitol	View	12
f	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	LA	AST
4	Jo	hn		L.	Edwards		Josephine		Young	3
T		AS DECEASED		ARMED FORCES?	166. SOCIAL SECUR		17. INFORMANT	ADDR	ESS Temple I	fills,Md.
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f		18 CAUSE O	F DEATH (Enter	anly ane couse per line	far (a), (b), and (c).)			11		PROXIMATE INTERVAL
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		40	29	(BOKNOK SKI	SHOPSHARK XOUS	₽% _F				
77			is, if any, while to immedia		sease					
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1		lying cau	se lost.	(c)						
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1	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION V	VAS PERFORMED?		20. AL	UTOPSY?
	TIFF								YE	ES 🗌 NO 🔀
	CER		L CAUSE WAS	21b. TIME OF	FINJURY A. MONTH DAY YE		IOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	M 18 PART 1 OR PART 2)	
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1	MEDICAL	21d. INJURY C	CCURRED	21e PLACE	OF INJURY (AT HOME,	211. LC	OCATION STREET	CITY OR TOWN	COUNTY	STATE
1	2	AT WORK	NOT WHILE AT WORK		,					
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		death result		tural couses ,		Suicide _	Hamicide .	Undetermined manner	7,	
		Geoin result	1	iorar cooses Las,		JUNE L	TITLE (SPECIFY)			
		ACTUAL SIGNATURE	Muga	usto Y	Thung	ue	Deputy	MEDICAL EXAMINER	DATE 1/3	31/1984
			11	/	///	1	NIM I			
		EXAMINER'S	NAME Augu	sto P. Rod	riguez, M.	0.0	5009 Ray	burn Ct., Te	emple Hills	, Md.
1	23a.Bl	JRIAL, CREMA	TION, REMOVAL		23c. NAME OF C	EMETERY O	OR CREMATORY	23d. LOCATION	COUNTY	STATE
	15	recify)		2/4/84			orial Cemete			
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